PRESTON STREET, BALTIMORE 1, MARYLA MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If institution: Residence before edmission) y is necessary, I director. Page or your files. e. COUNTY e. STATE b. COUNTY Cecil MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) for your f Board of H write RURAL and give nearest town) Perry Point. Maryland 46 days Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE ara ON A FARM? 1358 Spring Road, N.W. YES NO Veterans Administration Hospital and 3 to the, 5 may be retarked NAME OF DATE Yaeı DECEASED 2 with the 19 60 uld be executed within 24 hours after death. If in pencil in Item 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be reburial-transit permit. File pages Yand 2 with the world and in any event within 72 hours after the pages. (Type or print) DEATH October STEPHEN BOROWSKI .Sr. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Hours WIDOWED T DIVORCED 20/ White Male White

10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stella or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retirad) USA Cabinet Maker Poland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Borowski Stasia Derbiskewski EXAMINER: This certificate should be executed within Office along with form burial-transit permit. File noval, and in any event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mrs. Lillian Borowski (Yas. no. or unkown) | (If yas give war or datas of service) 1358 Spring Rd., N.W., Washington, D.C. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Massive retroperitoneal hemorrhage 6 hours IMMEDIATE CAUSE (a) **DUE TO** removal, Fracture of right acetabulum, result of a fall 6 hours (b) ecute the certificate, writing the word "pending" be forwarded to the Chief Medical Examiner's CRAL DIRECTOR: Page 3 should be used as a t gava rise to immadiata ceusa DUE TO (e), stelling the undarlying cremation, or cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY CERTIFICATION PERFORMED? Cerebral arteriosclerosis, severe. NO [2Db. DESCRIBE HOW INJURY OCCURED. (Entar neture of Injury in Part I or Part II of itam 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | should be forwarded to the Chief Mershould be forwarded to the S sho FUNERAL DIRECTOR: Page 3 sho CAUSE OF DEATH. Another patient pushed him down in ward to 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 1 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) 19 60 at work et work V.A. Hosp, Perry Point Cecil Md . 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my opinion MEDICAL Accident KX Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** R. C. DODSON, M. NAME (Type) Address (Streat, city, town, or county) DE 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) £40 Cemetery Arlington, Virginia Burial 23. FUNERAL DIRECTOR VS. AISME Chilling S. Kraus 66 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Items 20&21 Film 273

Markettige Committee Commi TO THE MENT OF THE PARTY OF THE BALLEY BOOK BOOK BOOK TO BE for ere ou note out sin into a new oral 00 tebus H, 1100 to 00 -ARE ENGINEE stinue elm Cathart Forker instituted dans will idayorod mailir . or communication A SELECTION OF COMMENT OF STREET TO THE STATE OF THE PROPERTY O יפרטומים. מודלפו סבס ופרטומים. הפופים. The state of the s

11281 CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY filed MARYLAND funerol b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) plo olora d. NAME OF HOSPITAL (If nat in hospital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF Middle 4. DATE Lost Manth Filled DECEASED OF DEATH (Type ar print) 9. AGE (In years last birthday) S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH campletel DIVORCED [WIDOWED X 6 2 yrs. emale papers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP ACE (State or fareign country) during most of working life, even if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 esse/ physici mave 15. WAS DECEASED EVER (N/U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address INFORMANT attending ease 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." Q. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the DUE TO þ Canditians, if any, which signed gave rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY remayal, 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 10 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Manth. Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) a.m. While Nat while 19 ot work at work 10-22, 1960, that I last sow the deceased 21. I certify that I attended the deceased from.__ , 196U, to_ and that death occurred at 322M, from the causes and on the date stated above. OR: ADDRESS (Street, city ar tawn, stote) DIRECT ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) may be 3 22b. DATE THEREOF 22d. LOCATION (City, tawn, ar caunty) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY poge REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4)

1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

Manths

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(Stote)

(Stote)

Days

(Caunty)

ON A FARM? YES NO X

Year

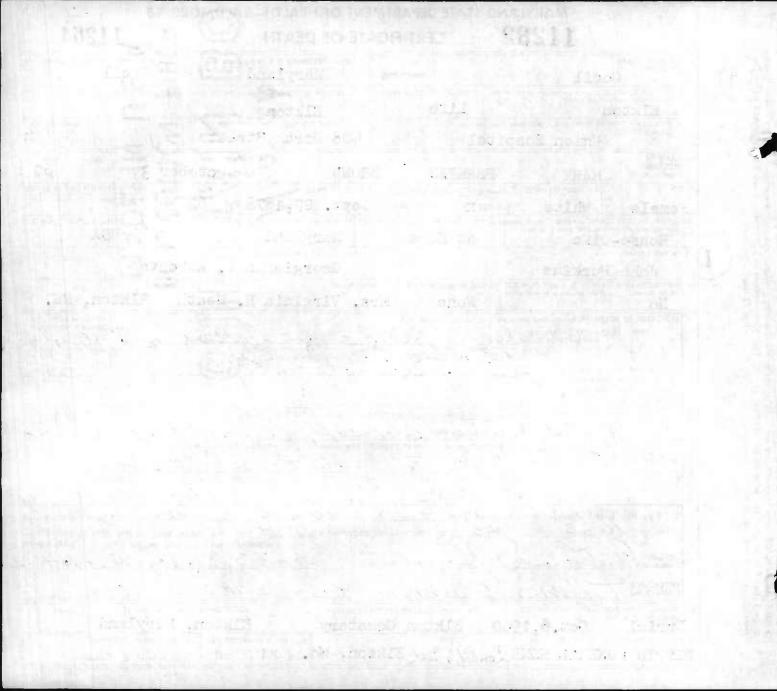
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MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
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CERTIFICATE OF DEATH

Reg. Dist. N264

	1. PLACE OF DEATH a. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (When	nd b. COUNTY	on: Residence before admission) Cecil
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Elkton	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our	tside carporote limits, write RI	JRAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Union Hospital		d. STREET ADDRESS 408 North	Street	e. IS RESIDENCE ON A FARM2 YES NO
	3. NAME OF DECEASED (Type or print) MARY P.	ERKINS E	BROWN Lost	4. DATE Mon	13, Day Year
	5. SEX 6. COLOR OR RACE 7. MARR Female White WIDOWE	LED CONTRACTOR CONTRAC	B. DATE OF BIRTH Sept. 27,18	9. AGE (In years lost) by thdoy) 9. yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired) House-wife	at Home:	Maryland	r foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
	John Perkins		14. MOTHER'S MAIDEN NA Georgian	na V. Rober	ts
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		nformant :s. Virginia	B. Heath	Elkton, Md.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate couse (a), stating the under- lying couse lost. DUE TO (c)	Teris Le Cery Tueloble O Terisolero	lie beet a scenferial	Oislans.	ONSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS OF MULTIPLE PART III. OTHER SIGNIFICANT CONDITIONS OF MULTIPLE PART III. OTHER SIGNIFICANT CONDITIONS OF MULTIPLE PART III. OTHER NOTIFY MEDICAL EXAMINER) PART II. OTHER SIGNIFICANT CONDITIONS OF MULTIPLE PART III. OTHER S	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	al disease condition giv	TEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour o. m. p. m. 9 2-19 CO of work	NURY OCCURRED 20e. PL. Not while	D. (Enter nature of injury in Pa	no sight	(County) (Stote)
	21. I certify that I attended the decease alive on 10-3, 195 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		occurred at 12:34N		1 11 1 -1 -
	226. BURIAL, CREMATION, 22b. DATE THEREOF Burial Oct. 6, 1960	22c. NAME OF CEMETERY O			ryland
	23. FUNERAL DIRECTOR'S SIGNATURE PIPPIN FUNERAL HOME	all bee Elk	ton, Md DATE OC		STRAR'S SIGNATURE



VS A15 (4) 15M 9/55 11265

11283 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEAT o. COUNTY	Cecil		MARYLA	11 0	SUAL RESIDENCE (M. STATE Md.		d lived. If instituti b. COUNTY	-	e before odn	nission)
RURAL ond gi	VN (If outside corporate limit ve nearest town)	s, write c. LEI	NGTH OF STAY IN	N 1b c	CITY OR TOWN (IF		rote limits, write R	URAL ond g	ive nearest to	own)
OR INSTITUT	OSPITAL (If not in hospitol, gi ION Haven Nursi		5)	T (I. STREET ADDRESS	cch St	reet		ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	Fin MARY		Middle A.	BUCK	Lost WORTH	4. DATE OF DEATH	Mor Oct		Doy 28.	Yeor 1960
5. SEX Female		7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		7 188		9. AGE (In years lost birthdoy) 80 yrs.	Months	1 YEAR IF UN Days Hou	DER 24 HRS.
during most of Hous	PATION (Give kind of work d working life, even if retired) SEWITE	one 10b. KIND (11. BIRTHPLACE (Stone	e or foreign co	ountry)	12. CITI	U.S.	A COUNTRY
George George	e Lusby			14.	Mary Ha					
1S. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED FORG		L SECURITY NO.	Mr. A	Rudoli	oh Buc	kworth.		ton,	Md.
Conditions, gove rise couse (o), sto	DEATH [Enter only one condition on the condition of the c	Art	erioscle		cardiovas			/FN IN PAOT	INTERVAL ONSET AN UNICOO'	ND DEATH
20a. ACCIDENT OR CONTRIBU (IF EITHER, NO	T WAS UNDERLYING TING CAUSE OF DEATH OTHER MEDICAL EXAMINER) NJURY Month, Day, Yeo	20b. DESCRIBE H	HOW INJURY OCC	CURRED. (Ent	er noture of injury in	Port I or Port	II of item 18.)		PER YES [FORMED?
	m. 19	of work 0			treet, office bldg., et		66			
21. I certify alive on_C ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	18 Cappy	1960 Wang		death acc	233 E.	P_M, fram	n the causes o	and an th	e date sta	
220. BURIAL, CREM REMOVAL (SPE BULLAT	10-31-6	0 B	NAME OF CEMETI ethel	ery or creat	ery		ion (City, town, chesapes		ity,	ote) Md.
PIPPIN	IOR S SIGNATURE	A A								

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11966

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thours after death. Page 4	A Should be miss with
ath certificate be executed within 2. nding physician and completely fille	ny event, within 22 hours after deoth
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 moy be at the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director.	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Tages if the State Board of Health prior to burial, cremotion, or removal, and in any event, within 22 hours after death.
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be yellow the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in your the funeral director.	page 3 should be defacted far use the State Baard of Health prior to by

	d comp	cian and complete carban paper		after deo	rs. Page	oletely fi	
remave carba	remay			n any	please	attendir	
physician an please remave carbai n any event, within 72	please remaven any event, w	please n any		, and i	. Then	by the c	
y the attending physician an . Then please remave carbail, and in any event within ??	by the attending physical Then please remark. I, and in any event, with any in any event, with any event, and ev	yy the attendir . Then please I, and in any e		remava	permit	igned k	
igned by the attending physician an permit. Then please remove carbai remaval, and in any event within 22	igned by the attending physi permit. Then please remax remaval, and in any event, w	igned by the attendir permit. Then please remaval, and in any e	0	on, ar	-transit	been s	
been signed by the attending physician an-transit permit. Then please remave carbai on, ar remaval, and in any event within 72	been signed by the attending physi-transit permit. Then please remave on, ar remaval, and in any event w	been signed by the attendir -transit permit. Then please on, ar remaval, and in any e	0	cremoti	burial	ate has	
ate has been signed by the attending physician an burial-transit permit. Then please remove carbai cremotion, ar remaval, and in any event, within 72	ate has been signed by the attending physis burial-transit permit. Then please remave cremotion, ar remaval, and in any event, w	ate has been signed by the attendir s burial-transit permit. Then please cremotion, ar remaval, and in any e		burial,	e as the	certific	
certificate has been signed by the attending physician an e as the burial-transit permit. Then please remave carbai burial, cremation, ar remaval, and in any event within 22	certificate has been signed by the attending physis e as the burial-transit permit. Then please remave burial, cremotion, ar remaval, and in any event w	certificate has been signed by the attendir e as the burial-transit permit. Then please burial, cremotion, ar remaval, and in any e		riar ta	far us	er this	
ter this certificate has been signed by the attending physician an I far use as the burial-transit permit. Then please remove carbai virar ta burial, cremotion, ar remayal, and in any event within 22	ier this certificate has been signed by the attending physi far use as the burial-transit permit. Then please remave iriar ta burial, cremotion, ar remaval, and in any event with the control of the con	ier this certificate has been signed by the attendir if ar use as the burial-transit permit. Then please iriar ta burial, cremotion, ar remaval, and in any e		ealth p	etached	DR: Aft	
IRECTOR: After this certificate has been signed by the attending physician and completely to be detached for use as the burial-transit permit. Then please remave carban papers. Page of Health priar ta burial, cremotion, ar remaval, and in any event, within 22 hours after departed to the contract of th	IRECTOR: After this certificate has been signed by the attending physician and completely fill be detached far use as the burial-transit permit. Then please remave carbon papers. Page d af Health priar to burial, cremotion, ar remaval, and in any event within Z2 hours after deo	OR: After this certificate has been signed by the attendin stached for use as the burial-transit permit. Then please lealth priar ta burial, cremotion, ar remaval, and in any e		of H	e d	5	

VR A15 (4) 15M 9/59

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PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Who			e admissian)
CECIL	MARYLAND	a. STATE MARY	I.AND b. COUN	HARFORI	
	LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	stride carporate limits, write	e RURAL and give nea	rest tawn)
RURAL and give nearest town) Perry Point, Maryland	6 Days	MAGNOLIA			
d. NAME OF HOSPITAL (If nat in haspital, give street add		d. STREET ADDRESS			. IS RESIDENCE
V.A. Hospital			12	X-2	ON A FARM?
. NAME OF First	Middle	Last	4. DATE	Aanth Da	y Year
OFCEASED (Type or print) Thomas E. D.	ASHIELL		OF DEATH	10-4-60	19
		DATE OF BIRTH	9. AGE (In year	IF UNDER 1 YEAR	
Male White WIDOWED	the state of the s	11-16-1919	last birthday	Manths Doys	Hours Min.
0a. USUAL OCCUPATION (Give kind of work dane 10b. KIN	ND OF BUSINESS OR INDUST		ar foreign country)	12. CITIZEN OF	WHATCOUNTRY
during most of working life, even if retired) Mechanic		Emmerton.	Manueland	USA	
3. FATHER'S NAME		14. MOTHER'S MAIDEN N		UDA	
		Eula			
	CIAL SECURITY NO. 17. INFO	ORMANT COO		ddress	
(Yes, no, or unknown) (If yes, give wor or dotes of service)					
		.A. Hespita	l records,		
18. CAUSE OF DEATH [Enter only one cause per line f				ONS	RVAL BETWEEN ET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Th:	rombosis of P	ulmonary Ar	tery, Cause	I	Jnknown
DUE TO Uni	known				
Canditians, if any, which) (b)					
gave rise to immediate DUE TO				M / 57	
lying cause last. (c)					
	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(a)	9. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITIONS CON PART II. OTHER SIGNIFICANT CONDITIONS CON OR CONTRIBUTING CONTRIBUTION CONTRIBUTIO					PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRI	BE HOW INJURY OCCURRED.	15			
OR CONTRIBUTING CAUSE OF DEATH		(Enter nature at injury in r	arr i ar rarr ii ar irem ib.)		
(IF EITHER, NOTIFY MEDICAL EXAMINER)		(Enter nature at injury in r	arriar rarrii ar irem 16.)		
				(County)	(State
	JRY OCCURRED 20e. PLAC	CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.	20f. (City ar town)	(County)	(State
20c. TIME OF INJURY Manth, Day, Year 20d. INJU	URY OCCURRED 20e. PLAC	CE OF INJURY (Hame, farm,	20f. (City ar town)	(Caunty)	(Stat
20c. TIME OF INJURY Manth, Day, Year 20d. INJU	URY OCCURRED 20e. PLAC Not while facto	CE OF INJURY (Hame, farm ary, street, affice bldg., etc.	20f. (City ar town)		
20c. TIME OF INJURY Manth, Day, Year 20d. INJU Haur a. m. 19 While at wark	Nat while 20e. PLAC facta at wark 1	E OF INJURY (Hame, farm ary, street, affice bldg., etc.	20f. (City ar town)), 19, tb	ox (A)x(Xe)x(x
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY While at wark [2] 21. I certify that (I) (this https://doi.org/10.1001/10.10	Nat while 20e. PLAC facta at wark 1	E OF INJURY (Hame, farmary, street, affice bldg., etc.	20f. (City ar town)), 19, tb	ox that we thouse stated above 22b. DATE
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY While at wark [2]. I certify that (I) (this his pital) attended [2]. I certify that (I) (this his pital) attended [2].	Nat while 20e. PLAC facta at wark 1	TE OF INJURY (Hame, farm, ary, street, affice bldg., etc.) 28–60 19. ath accurred af 0.	20f. (City ar town) 20f. (City ar town) 10 10 14 60 30 fram the causes), 19, tb	cot Not we had stated abave 22b. DATE SIGNE
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY Haur a. m. 19 While at wark 21. I certify that (I) (this http://www.xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	If the deceased fram. 9 XXXXXX and that de	TE OF INJURY (Hame, farm, ary, street, affice bldg., etc.) 28–60 19. ath accurred af 0.	20f. (City ar town)	and an the date	ok No(we) to stated abave 22b. DATE SIGNE
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY Manth, Day, Year While at wark [2]. I certify that (I) (this http://www.xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	If the deceased fram. 9 XXXXXX and that de	TE OF INJURY (Hame, farm, ary, street, affice bldg., etc.) 28–60 19. ath accurred at 0.: ATTENDING ME PHYS. DII 22d. ADDRESS	20f. (City ar town)	0, 19, the and an the date	ok No(we) to stated abave 22b. DATE SIGNE
20c. TIME OF INJURY Manth, Day, Year 20d. INJ	If the deceased fram. 9 XXXXXX and that de	ath accurred aflo: ATTENDING ME PHYS. 22d. ADDRESS VAH., P	20f. (City ar town) 10 10 4 60 TO fram the causes D. STAFF PHYS. PHYS.	0ct.5,196	stated abave
20c. TIME OF INJURY Manth, Day, Year 20d. INJ	INTY OCCURRED Not while of the deceased fram9 XXXXXX and that de No. D. MAME OF CEMETERY OR	TE OF INJURY (Hame, farmary, street, affice bldg., etc.) 1-28-60 19. 19. 19. 19. 19. 19. 19. 19.	20f. (City ar town) 10 10 4 60 30 fram the causes D. STAFF PHYS. PHYS. PHYS. 23d. LOCATION (City, taw	Oct.5,196 Md.	stated abave 22b. DATE SIGNE O (State)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY MANTH, DAY, DAY, DAY, DAY, DAY, DAY, DAY, DAY	Nat while at work 20e. PLAC factor at work 4. M.	DE OF INJURY (Hame, farmary, street, affice bldg., etc.) -28-60	20f. (City ar town) 10-4-6(30) from the causes 25 PHYS. erry Point, 23d. LOCATION (City, taw Bel Air F	0ct.5,196	stated abave 22b. DATE SIGNE

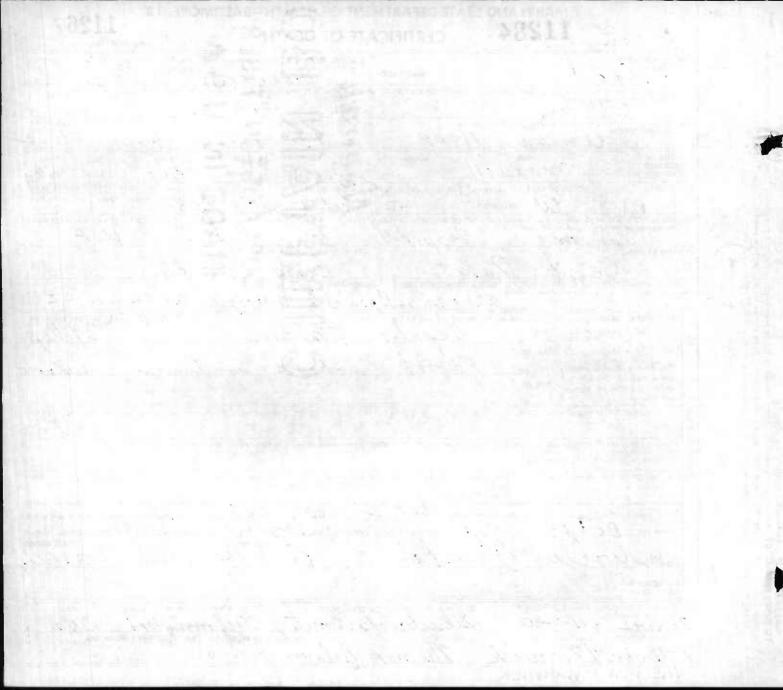
Correct Section , Through Section 1

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ABU AND DESCRIPTION OF THE PARTY OF THE

A CALL TO STATE OF THE STATE OF

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11284 CERTIFICATE OF DEATH Reg. Dist. No.
M	1. PLACE OF DEATH o. COUNTY o. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Cecil
None (V)	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) E. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) E. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
065	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Union HOSP d. STREET ADDRESS d. STREET ADDRESS ON A FARM? YES \(\sigma \) NO \(\sigma \)
- Sp	3. NAME OF DECEASED (Type or print) Nax well Middle Lost OF DEATH OCF 20 1960
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED DIVORCED Sept 30 / 70 7 9. AGE (In years lost birthday) Months Days Hours Min.
death.	10a. USUAL OCCUPATION (Give kind of work dane of the late of the l
I afte	13. FATHER'S NAME Cecil Dans- 14. MOTHER'S MAIDEN NAME Heath.
72 hg	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes, give wor or dates of service) 221-03-5766 Bessel & Gillospie 700 Kaimese ave
in any event withir	18. CAUSE OF DEATH [Enter only ane cause per line far (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (o), stating the under-
iaval, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II af item 18.)
ar rem	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. p. m. 19 20d. INJURY OCCURRED factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (Stote factory, street, office bldg., etc.)
nar ta bunal, cr	21. I certify that I attended the deceased fram Olf 2, 19.00, to OCF 2, 19.60 that I last saw the deceased alive an OCF 29, 19.60, and that death occurred at 6.35 M, from the causes and at the date stated above ADDRESS (Street, city ar town, stote) ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE
registrar pri	PHYSICIAN'S NAME (Type)
9	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 1/-/-60 Silvebrook Complete Trilington Silvebrook Complete Trilington Silvebrook Complete Trilington Signature 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	WILLIAM J. WARWICK Thewark Sila DATE NOV 7 '60 Circles & Home



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institutions Resident al director. Page for your files. Board of Health, e. COUNTY e. STATE b. COUNTY is necessary, Cecil MARYLAND Cecil. b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Elkton, R.D.3 Elkton. R.D.3. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? State YES NO TO 1, 2, and 3 to the language 5 may be retained and 2 with the Stal 3. NAME OF 4. DATE Middle Month Dey Year DECEASED OF (Type or print) DEATH Herbert 19 Leroy Demond 10 MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS lest birthdey) Months Devs WIDOWED [DIVORCED [10e. USUAL OCCUPATION (Give kind of work 1Db, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page done during most of working life, even if retired! pages 1 Carpenter All carpenter 14. MOTHER'S MAIDEN NAME U-S.A. 13. FATHER'S NAME Joseph Demond 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT

(Yes, no, or unknown) | (If yes give we ror deterofee rife) Address Office along with burial-transit permi Mrs. Herbert Leroy Demond. Elkton Much Between 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Acute Coronary Occlusion DUE TO Conditions, if eny, which Arterio sclerosis (b) geve rise to immediate cause "pending" (0) Examiner's DUE TO (e), steting the underlying cause lest. besn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 execute the certificate, writing the word Medical NO TO pinous 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Pert 1 or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CALISE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection -Inquiry and in my opinion agent, Natural causes death resulted from Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 10-21-60 NAME (Type) NAME (Type) R.C. Dodson
220. BURIAL, CREMATION, 22b. DATE THEREOF Address (Street, city, town, or county) DEPT please 4 shoul TO FUN 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) North East Methodist Cem. North East Burial 10-26-60 ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME OCT 25'60 Circhus & Kraus Franklorth East, Maryland 5M 7/59

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be referred by the haspital as attending physician.	A15 9/5	(4)		

		MARY	LAND	STATE DEPARTA	MENT	OF HEALT	H-BA	LTIMORE, 18	8	112	en
		11285		CERTIFIC	ATE	OF DEAT	Н		Reg. Dist		0:1
1.	PLACE OF DEATH	Cecil		MARYLAND		TATE	here deceas	ed lived. If institution b. COUNTY	n: Residence		mission)
-	b. CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. (ITY OR TOWN (IF	outside corp	porote limits, write RU	RAL ond gi	ve nearest t	own)
	RURAL ond give ne	Lkton		70 yrs.	2	Elkto					
	OR INSTITUTION	At (If not in hospitol, of fain Stre		oddress)		STREET ADDRESS	ain S	Street,		01	RESIDENCE N A FARM? NO 2
3.	NAME OF DECEASED (Type or print)	EVANS	st	LOUIS	D	UNBAR	4. DATE OF DEAT	Month Oct		Doy 31,	Year 19 60
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8. DATE	OF BIRTH					NDER 24 HRS.
	Male	White	WIDOW	/ED DIVORCED	Aug	• 4, 18	87	73 yrs.	Months [Doys Hou	ers Min.
	during most of work	ing life, even if retired	done 10b	Foundry	USTRY 11.	Newark,			12. CITI2	U.S.	A.
13.	FATHER'S NAME				14. M	OTHER'S MAIDEN	NAME	O PALE			
1	William	C. Dunba	r			Emma R	ambo				
15 Y	WAS DECEASED EVE	R IN U. S. ARMED FOR Ilf yes, give war or dates of t	arvica)		Mrs.		n D.	Rodgers		D. E	Md 1kton
7	Conditions, if or gove rise to it code (o), stoting lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	, Co	venery are	for for		arl			Cl y	BETWEEN HO DEATH
CERTIFICATION	20a. ACCIDENT WA			CONTRIBUTING TO DEATH BL					N IN PART	PEI	AS AUTOPSY RFORMED?
MEDICAL C	20c. TIME OF INJUR Hour o. m. p. m.		ar 20d. While of wo	Not while		INJURY (Home, far eet, office bldg., et		ty or town)	(Cc	ounty)	(State)
22	actual SIGNATURE PHYSICIAN'S NAME (Type) Burial, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREC	JOF JOF		M.D	red at 4 /2 1 2 3 F 1 4 7 NTORY	ADDRESS (Sin fon 22d. LOC.	3/, 19 CC om the causes are Street, city or town, st SKY 4 ATION (City, town, or 1kton,	nd an the	e date st	
23 F	FUNERAL DIRECTOR' PIPPIN FU	11-3-6 s signature NERAL HON	_ (ADDRESS In ald Th. Dec			D BY REGI		'RAR'S SIGN		

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			of least being and the Belleville Service
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after death. Page 4

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Then please remave carban pap vent within 72 haurs after death.

may be referred by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 shauld be detached far use as the burial-transit permit. Then please remave carl the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hayrs

TO HOSPITA

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11286 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

	1	L	4	-	
20	Dist	N	-		

1. PLACE OF DEA a. COUNTY	Cecil	MARYLAND	2. USUAL RESIDENCE (W. g. STATE Md.	There deceased lived. If institution b. COUNTY	on: Residence before admission) Cecil
b. CITY OR TO RURAL and ELKT	OWN (If outside corporate limits, write give nearest tawn)	c. LENGTH OF STAY IN 16		outside corporote limits, write R	URAL ond give nearest town)
d. NAME OF I OR INSTITU	HOSPITAL (If not in hospital, give stree TION Union Hospit		133 W. Maj	n Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	CLAYTON First	L. ELLIS	Last ON	4. DATE Mon	/
5. SEX Male	6. COLOR OR RACE 7. MAI		8. DATE OF BIRTH Sept. 4, 1890	9. AGE (In years last birthday) 7.0 yrs.	Months Days Hours Min.
Taxi C		NEW OF BUSINESS OR INDU	Maryla	and	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM		0	14. MOTHER'S MAIDEN		
	ton L. Ellison			Griffith	
(Yes, no, or unknown)		218-10-1.878	Mrs. Clayt	on L. Elliso	
Conditions gove rise couse (a), si lying cause	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO So, if ony, which to immediate to immediate to tring the under- I lost. II. OTHER SIGNIFICANT CONDITIONS	A Luio Con A. Contributing To BEATH BUT	Level Heart Heart	Sirvar	2-3 Mars 2-3 Mars AUTOPSY
OT A T		0			PERFORMED? YES NO X
OR CONTRIB	NT WAS UNDERLYING [] 20b. DE UTING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER]	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	ran i ar ran ii ar nem ib.)	
Hour	o. m. Whil	-1	ACE OF INJURY (Home, far ctary, street, affice bldg., et		(Caunty) (State)
alive on_	fy that I attended the deceded to the later of the later	fo, and that death			that I last saw the deceased and the date stated above state) DATE SIGNED ACL 12/60
220. BURIAL, CRE. BUT 12		22c. NAME OF CEMETERY O	or crematory meterv	22d. LOCATION (City, town,	ar county) (Stote)
23. FUNERAL DIRE	FUNERAL HOME &	ADDRESS	on, Md. DATE 0	D BY REGISTRAR 24b. REGI	STRAR'S SIGNATURE

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VS A15 (4) 15M 9/55

	MARYLAND	STATE DEPARTM	ENT OF HEALTH	-BALTIMORE, 1	8
	11287	CERTIFICA	ATE OF DEATH		11271 Reg. Dist. No.
)	1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who	b. COUNTY	on: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write R	URAL ond give nearest town)
)	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	in St	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print)	Middle C	lost	4. DATE Mon OF DEATH	th Day Year 1960
	5. SEX 6. COLOR OR RACE 7. MARK		B. DATE OF BIRTH	9. AGE (In years lost birthday) 82 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	PENNA	,	12. CITIZEN OF WHAT COUNTRY
)	13. FATHER'S NAME Levi Clinga	man	14. MOTHER'S MAIDEN N	AME USAY	Culp
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	SOCIAL SECURITY NO. 17. 19	rs. William	Fux (Dau)	oss Ukton, Md
	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 3 DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the under-	ne for (o), (b), and (c).] Revehral T Terrioselera	hrombosis isis, gen	CVallized	INTERVAL BETWEEN ONSET AND DEATH 2 75
	Iying couse last.) (c) Part II. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART I(o) 19. WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Port II of item 18.)	TO NO (2)
	20c. TIME OF INJURY Month, Day, Year 20d. II Haur a. r. While p. m. 19 of war	Not while	ACE OF INJURY (Home, farm, story, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the decease alive on		accurred at 12:30.		that I last saw the decease and an the date stated above state) DATE SIGNE 17 10 - 7 - 6
	PHYSICIAN'S Tillman I	2 Sohnsor	E147	Lun Md	/
	22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) OCT. 8,1960	ELVERSON	CREMATORY METH	EL VERSON	PERNA.

EL4 TON,

ADDRESS

23. FUNERAL DIRECTOR'S SIGNATURE

PIPPIN FONERAL HOME Londe Inde

PEXMA

24b. REGISTRAR'S SIGNATURE
Circles & Kraus

24a. REC'D BY REGISTRAR

DATE

OCT 7 '60

SCAR I	11287 CERTIFICATE OF BEATH	
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		Figure 172

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

11970

11	907		CERTIF	ICAIL	OF DEATH				114	566	
1. PLACE OF DEATH a. COUNTY	Cecil		MARY		usual residence (W		d lived. If institut b. COUNTY		nce befo	ire admiss	ian)
b. CITY OR TOWN (RURAL and give no Perry	f autside carporate limi earest tawn) Point		c. LENGTH OF STAY		c. CITY OR TOWN (IF	imore	prate limits, write	RURAL and	give ne	arest tawr	1
	TAL (If not in haspital, g		Carried St. Carried St.		d. STREET ADDRESS		rles				IDENCE FARM?
NAME OF DECEASED (Type or print)	Fic WI:	LLIAM	Middle EDWA	R D	Lost FORD	4. DATE OF DEATH	Oct	ober	16	-/	Year 19 60
Male	6. COLOR OR RACE White	7. MARRIE	DIVORCE		10-14-99		9. AGE (In years last birthday) 61 yrs	Manths	R 1 YEAR Days	Haurs	Min.
Oa. USUAL OCCUPATION during most of wor Sales	king life, even if refired)	ind of business o	r industr	Baltimo				usa Usa	F WHAT C	OUNTR
3. FATHER'S NAME	lliam E.	Pand			Marjorie		Ford				
	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. S	ocial security no. Unknown	17. INFO			Add	dresSt.		ltimo	
	ATH [Enter anly ane of ATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which)	Hem		nd in	farct of b	rain,	left s:	ide	ON	ERVAL BE SET AND B da:	DEATH VS
gave rise to i cause (a), stating lying cause last.	mmediate the under-	Scl	erosis of	cere	bral vesse					Year	8
N N N N N N N N N N N N N N N N N N N	her significant con	DITIONS <u>CO</u>	ONTRIBUTING TO DEA	ATH BUT NO	OT RELATED TO THE TERM	AINAL DISEAS	SE CONDITION G	VEN IN PA	RT 1(a)	PERFC	AUTOPS RMED?
20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED. (Enter nature af injury in	Part I ar Pai	rt 11 af item 18.)				
20c. TIME OF INJUI Hour a. m. p. m.	RY Manth, Day, Ye	ar 20d. IN While of work	JURY OCCURRED Not while at work		OF INJURY (Hame, fari y, street, affice bldg., et		y ar tawn)		(Caunty))	(Stat
	artenent schicking sextenses introduce					5 pmfrom	the couses o	16, 161 nd on th	e dote	e stated	obove b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	T. MOONE	rey	at Clini	M.E	22d. ADDRESS	DIRECTOR V. A.	orginal e	Pen	rv I		-18-
23a. BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE THERE		23c NAME OF SEME	ETERY OR C	athologist REMATORY NATIONAL		TION (City, tawn,			1 (Stol	
24. SUNERAL DIRECTOR		1.1.	ADDRESS	1	25a. REC	D BY REGIS		SISTRAR'S SI			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be reflected by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 or 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

VR A1S (4) 1SM 9/59

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PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINE Film G273 10-19-60 et

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Cecil MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) director. write RURAL and give neerest town) Salisbury
d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE ON A FARM? Union Hospital 605 Camden YES NO State death NAME OF Middle 4. DATE Month "in pencil in Item 18. Give Pages 1, 2, and 3 to the function of the along with form PM3. Page 5 may be retail burial-transit permit. File pages 1 and 2 with the Stamoval, and in any gvent within 72 hours after deal DECEASED OF (Type or print) DEATH HTT.DA 1960 MARTE 9. AGE (In years IF UNDER 1 YEAR) F UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH last birthdey) Months LE yrs. Female DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Baking Company Slicer U.S.A. Delmar Md. 13. FATHER'S NAME James Harrison Lula Harrington 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Yes, no, or unkown) | (If yes give wer or detes of service) Mrs. Shirley Pinder, Elkton, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] MULTIPLE INJURIES-LACERATED 5XIM PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO removal, (6) CHING THROAT, BREAST, RT. FOOT, HEEL "pending" 10 Medical Examiner' 35 6 ABOVE ANKLE -CRUSHED RT CHEST - BROKEN cause lest. pe nseq cremation, CERTIFICATION PERFORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E O FUNERAL DIRECTOR: Page 3 should be NO Z 3 should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of Injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING burial, Page 0 40 +LANDMELGNE ELLETON CECIL at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X. and in my opinion designated agent, Accident X. Suicide Homicide Undetermined manner death resulted from: A Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Oct. 15, 1960 EXAMINER'S C. Dodson. M.D. NAME (Type) Addrass (Straat, city, town, or county) DEP 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) Salisbury. Removal 16. 1960 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Circling S. Kraus todals der Elkton. 5M 7/59

AARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

11274 CEPTIEICATE OF DEATH

DATE OCT 1 3 '60

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	PLACE OF DEATH a. COUNTY	CECIL	<i>∞),⊥),⊥</i> (M	ARYLAND	2. USUAL RESIDENCE G. STATE PENNS	(Where deceased	d lived. If institution b. COUNTY		before odn	nission)
	b. CITY OR TOWN (III. RURAL and give ne Perry Poi	f outside corporate limits, w carest town)	c. LENGTH OF S	TAY IN 1b	c. CITY OR TOWN			URAL and gi	ve nearest to	wn)
,	OR INSTITUTION	AL (If not in hospitol, give s dministration			d. STREET ADDRESS		ID 7	SX-	ON	RESIDENCE I A FARM?
3.	NAME OF DECEASED (Type or print)	First EDWARI		ddle I) HO]	Lost LZBAUER	4. DATE OF DEATH	Octob		Doy	Year 19 60
5.	Male	6. COLOR OR RACE 7. White		RCED	May 8, 1892	2	9. AGE (In years lost birthday) 68 yrs.	7	YEAR IF UN Days Hou	
100	during most of work Printer	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINES Unknown	S OR INDUS		ote or foreign o	ountry)		ISA	T COUNTRY?
3.	FATHER'S NAME GEORG	E HOLZBAUZR			14. MOTHER'S MAIDE		OHLER			
15. (Ye		R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		No. MAN 74 13	Clemson R	zbauer ((W) Add	iress ma.	20	
	PART I. DEA		Bronchopnet evere deb	monia	ion				Unka	BETWEEN ND DEATH NOWN
TION		the under- DUE TO	with Hydroc ons contributing to	ephalu DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV		1(a) 19. WA	FORMED?
CERTIFICATION	20a. ACCIDENT WA				D. (Enter nature of injury				YES	NO 🗆
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	, v	Od. INJURY OCCURRED While Not while t work at work		CE OF INJURY (Home, tory, street, office bldg.,		y or town)	(Co	ounty)	(State
	saw the deceas 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) ALBE	RT L. MOONEY	1960 . c	and that d	ATTENDING 22d. ADDRESS	PM, from MED. DIRECTOR Perry Po	STAFF PHYS. X Coint, Mar	october	date state	ed abave. 22b. DATE SIGNED
	BURIAL, CREMATIO REMOVAL (Specify) Burial	10-14-60	23c. NAME OF C	erde		Ph	TION (City, town,	ar county)	1	da -
	PUNERAL DIRECTOR		Ardmore.	_		OCT 1 3		within S.		

Ardmore, Henna.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be ref. Set by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 shauld be filled with the State Board at Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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taing physician and camplelely med in elan an eclar,	ease remave carban papers. Pages 1 a. 2 shauld be filed with	ny event, within 72 haurs after death.	(

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	S may be received by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director,	(4) 59		

110	บอ	CERTIF	ICAIL	OF DEATH	1				0
1. PLACE OF DEATH o. COUNTY	CECIL	MARY		ISUAL RESIDENCE (V	Vhere deceased	l lived. If institution b. COUNTY	on: Residence I	befare admi	issian)
b. CITY OR TOWN (I	f outside corporate limits, w	rite c. LENGTH OF STAY	IN 1b	CITY OR TOWN (IF	outside corpo	rote limits, write R	URAL ond give	nearest tay	wn)
Perryville	idiesi iomij	27 Days		Baltimor	е	3V	019	-	
OR INSTITUTION	AL (If not in hospital, give s y Point, Md	treet address)		d. STREET ADDRESS 2411. Mar	yland a	ave.,		ON	A FARM?
3. NAME OF DECEASED (Type or print)	First EDWARD	Middle J	KEL	Last	4. DATE OF DEATH	October	29	Day	Year 19 60
s. sex	White wit	MARRIED NEVER MARRIE		6/25/06		9. AGE (In years Jast birthdoy) 54 yrs.	Months Do	ys Hours	s Min.
10a. USUAL OCCUPATIO during most of work Watchman	ON (Give kind af wark dane king life, even if retired)	10b. KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (Stor		• Va•		N OF WHAT	COUNTR
3. FATHER'S NAME			14	MOTHER'S MAIDEN	NAME				
Edward Ke	ally			Winifred	Lange	an			
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)			mant spital rec	ords -	Add Perry Po:			
	1711 shedh	per line for (o), (b), and (c).						INTERVAL E	BETWEEN
Conditions, if a gove rise to i couse (o), stating lying cause last. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	m mediate the under- (c)	Sclerosis of CONTRIBUTING TO DEA	f Coro			E CONDITION GIV	EN IN PART 1	(a) 19. WAS	NOWN S AUTOPS FORMED?
	AS UNDERLYING [] 20b. CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HOW INJURY O	CCURRED. (Er	ter nature of injury i	n Part I or Por	t II of item 1B.)			
20c. TIME OF INJUR Hour o. m. p. m.	V	20d. INJURY OCCURRED While Not while It work at work		DF INJURY (Home, fa street, affice bldg., e		or town)	(Cou	nty)	(Sto
21. I certify the	at (I) (tNA haspital) at	ttended the deceased	fram_ 10	/2/60 1	9,ta	10/29/6) 19	, election	2000
		and):155 Som	the causes ar	nd an the d	late state	ed abay
22a. SIGNATURE	moo.	ney	M.D.	ATTENDING	MED.	STAFF PHYS.	10/30,	2	22b.DATE SIGN
22c. PHYSICIAN'S NAME (Type) Dr A.	L. MOONEY,	Pathologist		VAH.,	Perry	Point, M	ſd.		
23a. BURIAL, CREMATIC BREMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMI	ETERY OR CR	MATORY		tion (city, town,	or county)	(Ste	tate)
24. EUNERAL DIRECTOR		ADDRESS	. 000	25g. RE	C'D BY REGIST		STRAR'S SIGN	ATURE	Va.
(2)	41			DATE		0.0	Irthun S. 1	4 4	

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11280 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

11276

Reg. Dist. No.

a. C	CE OF DEATH OUNTY Cecil			MARYL	AND	2. USUAL RESIDENCE (WI o. STATE		lived. If instituti b. COUNTY	on: Residence		idmission)
b. C	ITY OR TOWN (I	f outside carporate lin	its, write	c. LENGTH OF STAY IN	ч 16	c. CITY OR TOWN (IF	autside carpor	ote limits, write R	URAL and gi	ive nearest	town)
	and to	eake City		5 Week	S	Rural]	Kennedy	ville)	
d. N	R INSTITUTION	AL (If not in hospital,	give street	address)		d. STREET ADDRESS			V .	e. i	S RESIDENCE ON A FARM?
Mo:	rgan Nu	arsing Ho	me					14	- X -		S NO
	ME OF EASED e or print)	ELMA	rst	Middle L		Lost KNAPP	4. DATE OF DEATH	Octobe		Day 13	Year 19 60
5. SEX		6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1		UNDER 24 HRS.
Fe	male	White	WIDOW	ED DIVORCED		Feb.24. 188		79 yrs.	Months	Days H	ours Min.
du	ring most of work Dome	ON (Give kind of work king life, even if relired Stic	done 10b.	KIND OF BUSINESS OR	INDU	STRY 11. BIRTHPLACE (Stote	YOR	untry)	12. CITI	ZEN OF V	S. A.
13. FATI	HER'S NAME					14. MOTHER'S MAIDEN I	AME				
	Louis F	R. Knapp		Mary Roman		Ann I	. P:	itcher			
15. WA		R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. 1	NFORMANT		Add	ress		
N					I	Nursing Hom	e Rec	ords			
CERTIFICATION (It	. ACCIDENT WA	the <u>under-</u>	c)O			NOT RELATED TO THE TERMI D. (Enler nature of injury in			EN IN PART	P	NAS AUTOPSY ERFORMED?
WEDICAL 20c	. TIME OF INJUR Haur a. j., p. m.	Y Month, Day, Yo	While	NJURY OCCURRED 2 Not while t at work	Oe. PL	ACE OF INJURY (Home, farm story, street, office bldg., etc.	20f. (City	or town)	(Co	ounty)	(State)
AC SIG	TUAL SHATURE YSICIAN'S LIME (Type) URIAL, CREMATIO MOVAL (Specify)	10/17/	MZ	V. DAUI	ری	M.D. CA GD ~ R CREMATORY XX CETNETER	22d. LOCATI	13, 1960 I the causes of the cause of t	and an the state)	e date	
23. FUN	alph	S SIGNATURE	w.	Elkto	nil	Marylan DATE	OCT 26	24b. REGIS	arthur 2		A

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VS A15 (4) 15M 9/5B

MARYLAND	STATE DEPARTMENT	OF HEALTH-	BALTIMORE,	18
11289	CERTIFICATE	OF DEATH		

CERTIFICATE OF DEATH

-	17011		CERTII	CAI	L OI DEAII			Reg. Di	ist. No.	
PLACE OF DEATH a. COUNTY	Cecil		MARYLA		o. STATE Mary		d lived. If institu			ission)
b. CITY OR TOWN (I	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest North East Rural							
OR INSTITUTION	TAL (If not in hospital, guident Hospital)		address)		d. STREET ADDRESS				ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	JOYCE Fit	-	Middle S.	LA	NDERS	4. DATE OF DEATH	0 1 1	onth er	Day 26	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARR	IED KNEVER MARRIED	☐ B. D	ATE OF BIRTH		9. AGE (In yeo	rs IF UNDE	R TYEAR IF UN	
Female	White	WIDOW			t.29, 193	4	lost birthday) Months	Doys Hour	s Min.
during most of worl	cing life, even if retired)	KIND OF BUSINESS OR	INDUSTRY			country)		IZEN OF WHA	COUNTRY
Reg. Nurs	е	1/	lursing	-1,	Marylan				JSA	
	D 01						2012/06/2012			
	R. Simps				Eva N	· ROI	versox			
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of t				MANT O. Lande	rs I	rederi	ck. N	Maryla	nd
Conditions, if o gave rise to i cause (a), stating lying cause last. PART II. OTH PART III. OTH OR CONTRIBUTING	TH WAS CAUSED BY: IMMEDIATE CAUSE (c my, which mmediote the under. DUE TO GER SIGNIFICANT CON	o) o) o) o) i) iditions (ONTRIBUTING TO DEATH	e 7				GIVEN IN PAI	2 w	ks (
20c. TIME OF INJUR Hour o. m.		ar 20d. II While of wor	Not while		OF INJURY (Home, farm, street, office bldg., etc		y or town)	((County)	(Stote
21. I certify the alive anS ACTUAL SIGNATURE		196 /fue /-/-	Huebac	M.D	North E	ADDRESS (S	the causes of the cause of	and an th	e date state	
23. FUNERAL DIRECTOR		0	ADDRESS	Lkto	24a. REC'	D BY REGIS	TRAR 24b. RE	GISTRAR'S SI		

THE SO ROLL STREET, CHARLES OF DEATH had reed the control of the control of All the state of t

FOR STATE HEALTH DEPT. TO DEPT K MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any day is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Unit ald director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burlal, cremation, or removal, and In any event within 72 Pages after death.

> VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1131	24					
1. PLACE OF DEATH			a. STATE	ICE (Whare dacaasad liv	ad, If institution: Ras	sidanca befora admis
Ce	cil	MARYLAND	Md.		Cecil	
write RURAL and	foulside corporata limit give nearast town)		l Y	(If outside corporate limits		give nearest town)
	peake City	R.D.II. 2Tyrs:	Che sape	ake City R.	D.l.	l a la project
d. NAME OF HOSPI	AE OK INSTITUTION (I	r nor in nospital, give street address)	d. STREET ADDRESS			a. IS RESIDE ON A FAI YES NO
NAME OF	First	Middla	Last	4. DATE	Month	Day Year
(Typa or print)	James	Edward	Lester	OF DEATH	10-19-60	19
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In	1 1	
M	C	WIDOWED DIVORCED	7-31-1939	27	tatomina mo	ys Hours Mi
Oa. USUAL OCCUPAT	ON (Giva kind of work	106. KIND OF BUSINESS OR INDUST		- In the second		EN OF WHAT COUN
dona during most of wo		d)	T07.1-4	Lac	77 (
Labores 3. FATHER'S NAME			Elkton	NAME	Uas	S.A.
	rt Lester		Bertha	Thomas		
 WAS DECEASED EV Yes, no, or unkown) (I 			INFORMANT	A	ddress	
		27:2-28 5080	Posthe Toste	m Charman	an Oddan T	בות וד חדם
I 18. CAUSE OF D	EATH (Entar only ona	cause par lina for (a), (b), and (c).]	Bertha Leste	r, chesapea	ke city, i	INTERVAL BETWEE
	WAS CAUSED BY:					ONSET AND DEAT
	MMEDIATE CAUSE (a)_	Cerebral Hemmorr	hage			
3 33	DUE TO					
Conditions, if any	, which) (b)	Epilepsy				
gava rise to immadi	ata causa		THE VENCE TO			
(a), stating tha u	ndarlying DUE TO					
causa last.) (c)_		OF AFILITIES TO THE TENLE	NAME DISCLASS CONTRACTOR		
PART II. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT N	OF RELATED TO THE TERM	INAL DISEASE CONDITIO	IN GIVEN IN PART I	PERFORMEI
PART II. OTHER 20a. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.		Db. DESCRIBE HOW INJURY OCCURED.	(Entar nature of injury In Pa	art I or Part II of itam 18.)		Lead
20c. TIME OF INJU Hour a.m.			ACE OF INJURY (Homa, far story, street, office bldg., at		(County	y) (State
	19		.D. A.L.			
		f the remains described above, h				and in my opinio
death resulted f	rom Natural ca	uses Accident . Sui	cide, Homicide	Undetermin	ed manner	
	111110	12) 0 00 1 A	CHIEF MEDICAL	EXAMINER		
			ACCICTANT ME	DICAL EXAMINER		
ACTUAL	11/1/	TO WINDV	W INVISION WE			DATE SIGNED
ACTUAL SIGNATURE	/W	rovano	M.D.		20.3	
SIGNATURE	/w	no vaniv	DEPUTY MEDICA	AL EXAMINER	10-1	DATE SIGNED
SIGNATURE EXAMINER'S NAME (Typa)	R.C. Dodson	NAME OF CEMETERY O	DEPUTY MEDICA Addrass (Streat,	AL EXAMINER City, town, or county)		19-60
SIGNATURE EXAMINER'S NAME (Typa)	N, 226. DATE THERE	OF 22c. NAME OF CEMETERY O	DEPUTY MEDICA Addrass (Streat, OR CREMATORY	city, town, or county) 22d. LOCATION (City	, town, or country)	L9-60 (Stata)
EXAMINER'S NAME (Typa)	N, 225. DATE THERE	Do Bohemia Mai	DEPUTY MEDICA Addrass (Streat, DR CREMATORY DO Cem.	city, town, or county) 22d. LOCATION (City Bohemia M	town, or country) anor, Md	(Stata)
SIGNATURE EXAMINER'S NAME (Typa) 22a. BURIAL, CREMATIC REMOVAL (Specify) Burial	10/23/6	OF 22c. NAME OF CEMETERY O	DEPUTY MEDICA Addrass (Streat, DR CREMATORY DO Cem.	city, town, or county) 22d. LOCATION (City	town, or country) anor, Md	(Stata)
SIGNATURE EXAMINER'S NAME (Typa) 22a. BURIAL, CREMATIC REMOVAL (Specify	10/23/6	Do Bohemia Mai	DEPUTY MEDICA Address (Street, OR CREMATORY MOT Cem. 24a. RE	city, town, or county) 22d. LOCATION (City Bohemia M	town, or country) anor, Md	(Stata)

J'o'l 7-51-1, 3-. ...

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			CERTIFICA	AIL OF DEA	NIII		Reg. Di	ist. No.		
1. PLACE OF DEATH a. COUNTY	cil		MARYLAND	2. USUAL RESIDENCE OF STATE		b. COUNTY	n: Resider		admissio	າກ)
RURAL and give	(If autside carporate limit nearest tawn) , Rural Chesa		TH OF STAY IN 16	c. CITY OR TOW		chesapeak		11	est tawn)	
d. NAME OF HOSI OR INSTITUTION	PITAL (If nat in haspital, gi	ve street address)		d. STREET ADDR	ESS			e	ON A F	FARM
3. NAME OF DECEASED (Type or print)	Firs Lillian	t	Middle	Last Mavhew	4. DATE OF DEATH	Man Octobe		Day		ear 9 6 C
5. SEX Female		7. MARRIED N	DIVORCED	B. DATE OF BIRTH September	30.1886	9. AGE (In years last birthday) 74 yrs.		R 1 YEAR Days	Haurs	
10a. USUAL OCCUPAT during most of we Housewife	TION (Give kind af wark d arking life, even if retired)	ane 10b. KIND OF	BUSINESS OR INDU	STRY 11. BIRTHPLACE Cecil (cauntry)	12. CIT		WHATCO	TMUC
13. FATHER'S NAME Edward Wh. 15. WAS DECEASED E	ER IN U. S. ARMED FOR		SECURITY NO.	Sarah Me	DEN NAME	Add	ress			
(Yes, no, or unknown)	(If yes, give war or dates of se	220-34	-5955 Mr	Elmer C.l	Mayhew,	Rural Che	sape	ake (lity.	Md
gave rise to cause (a), statin lying cause las	g the under- DUE TO	DITIONS CONTRIBU		NOT RELATED TO THE	11	SE CONDITION GIV	EN IN PAI	RT 1(a) 19	. WAS AI	UTO
20a. ACCIDENT V	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCURRE	D. (Enter nature af inj	ury in Part I ar Pa	rt II af item 1B.)	V		YES [NO
20c. TIME OF INJU Haur a. m p. m	. 10	While Na	CCURRED 20e. PL	ACE OF INJURY (Ham- ctary, street, affice bld	e, farm, 20f. (Cit g., etc.)	y ar tawn)	((Caunty)		(Sto
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	deceased fram	//	10, 1968, to accurred at /)						aba
22a. BURIAL, CREMAT REMOVAL (Specification)			AME OF CEMETERY O		1	ATION (City, town, on apeake Ci			(State)	
23 FUNERAL DIRECTO	R'S SIGNATURE	1 4 7h	DRESS	- // /	REC'D BY REGIS		STRAR'S SI		E	

after death. Page 4

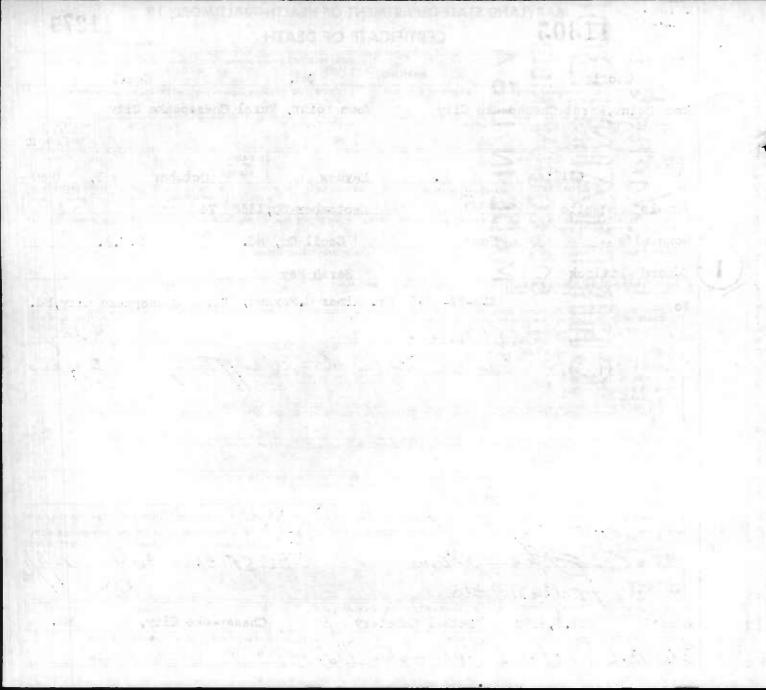
the funeral directar, shauld be filed with

Pages 1 Then please remave carban papers. after death. the registrar priar ta burial, crematian, ar remaval, and in any event within 72 haurs

may be relief by the haspital ar attending physician.

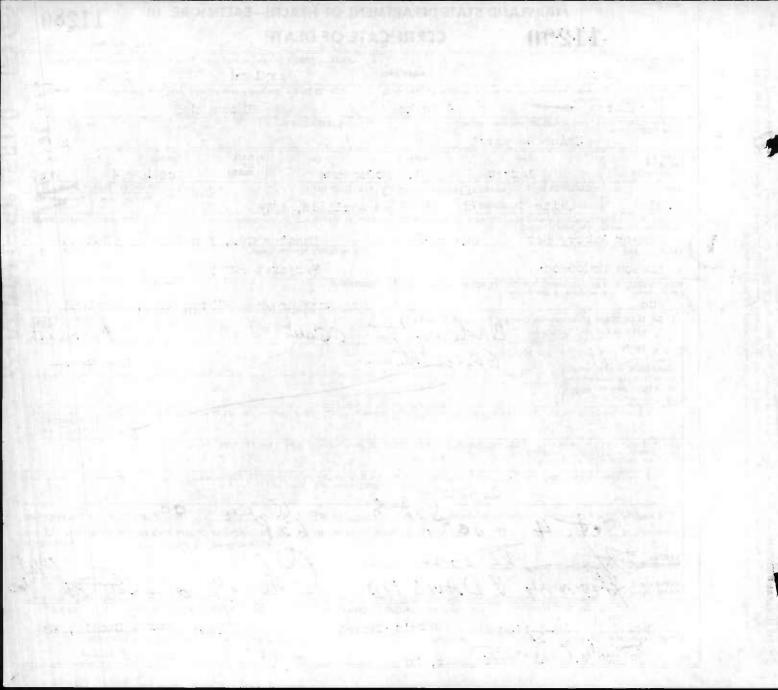
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 page 3 shauld be detached far use as the burial-transit permit.

TO HOSPIT VS A15 (4) 15M 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	11290	AND STA	TE DEPARTA				MOKE,			1280
	116 (11)		CERTITIO	77				Reg. Di		
1. PLACE OF DEATH o. COUNTY	eci1		MARYLAND	o. STATE		ore deceased li	b. COUNTY		ce befor	e admission)
b. CITY OR TOWN (III	outside corporate limits,	write c. LEN	GTH OF STAY IN 16	c. CITY OR	TOWN (If ou	tside corporot	e limits, write R	URAL ond	give nea	rest town)
RURAL ond give ne			4 weeks	X		E1kton	Rd 5			
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, given Union Hos			d. STREET A	DDRESS					ON A FARM YES NO
NAME OF DECEASED (Type or print)	First	an on	Middle	Las	it	4. DATE OF DEATH	Mor		Day	
S. SEX		ren		Commons B. DATE OF BIRT				ober		19 6 (IF UNDER 24 H
		_	NEVER MARRIED				AGE (In years lost birthdoy)	Months	Doys	Hours Mir
Male	1122200	VIDOWED []	DIVORCED [April 3			86 yrs.		17511.05	WALL T COUNTY
during most of work	N (Give kind of work do ing life, even if retired)			SIRY II. BIRIHPI	ACE (Stote o	or foreign coul	ntry)	12.011	IZEN OF	WHATCOUNT
Paper	Maker Ret	Par	er Mfg			Co.,	Penna		USA	
A. FATHER'S NAME				14. MOTHER'S						
	McCommons				argare	et Per	•			
	R IN U. S. ARMED FORCE If yes, give wor or dates of servi		SECURITY NO.	INFORMANT			Add	iress		
no				Mrs Ann	a Brow	m E1	kton Rd	5. M	arv1	and
		Chrt	e ciphos lecither	- CC	site			N	Ox-	RVAL BETWEEN
couse (o), stoting lying couse lost. PART II. OTH	ER SIGNIFICANT CONDI		BUTING TO DEATH BU					VEN IN PAR	T 1(o) 19	P. WAS AUTOP PERFORMED? YES NO
OR CONTRIBUTING	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)									
20c. TIME OF INJUR Hour o. m. p. m.	19	ot work ot	ot while for work	ACE OF INJURY (potory, street, office	Home, form, e bldg., etc.	20f. (City o	60	<u> </u>	County)	(Ste
alive onC	at 1 attended the d	, 19 6	, and that death	accurred at				nd an the		the decease stated aba DATE SIGN
PHYSICIAN'S NAME (Type)	LENKY	V.D.	AUS M	M.D. (h	eso	beok	e Ci	5	ma /
220. BURIAL, CREMATIO REMOVAL (Specify) Burnia 1		22c. 1	Moore's C			22d. LOCATIO	ton Ri		Ceci	(Stote)
3. FUNERAL DIRECTOR			DDRESS		24a. REC'E	BY REGISTRA		STRAR'S SI	and the last of th	
15-COL	And Kra	North E	ast Md		DATE OC	T 7 '60	0	rehur S.	the	A



VR A15 (4) 15M 9/59

11306

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11281

1. PLACE OF DEATH o. COUNTY	0 . 12		MARYL	AND	2. USUAL R	ESIDENCE (WE		l lived. If institution b. COUNTY	on: Resider		re admissi	on)
	Cecil f outside corporate limit		c. LENGTH OF STAY I		A CITY O			a de Produce de O				
RURAL and give ne	arest town)	s, wille		N IB	X CITY		vville	rote limits, write R	UKAL ONG	give neo	nesi lowii	
	Point		24 days	-	3		AATTTE				is Deci	DENICE
OR INSTITUTION	AL (If not in hospital, g	ive street d	iddress)		d. STREE	T ADDRESS					e. IS RESI ON A	FARM?
Veterans	Administra	tion	Hospital			Broad	d Stre	et			YES	NO TO
3. NAME OF DECEASED	Fire		Middle			Last	4. DATE OF	Mon	th	Da	,	ear
(Type ar print)	RAI	PH	E.		MC	CREARY	DEATH	Octo		30		960
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	D 🗆 8	. DATE OF B	IRTH		9. AGE (In years lost birthdoy)	IF UNDER	Doys	Hours	R 24 HRS. Min.
Male	White	WIDOWE	D IVORCED		June	23, 18	91	69 yrs.	Months	Doys	nours	Min.
100. USUAL OCCUPATIO	ON (Give kind of work of ing life, even if setired)	lone 10b. I	KIND OF BUSINESS OF	INDUS	RY 11. BIRT	HPLACE (Stote	or foreign co	ountry)	12.CIT	IZEN OF	WHATC	OUNTRY?
hysio-ther			Hospital		P	ennsyl	vania		1	USA		
13. FATHER'S NAME						R'S MAIDEN				0.022		
	Charles Me	. Cre	ary (decea	haps) A	omea M	. Walt	ton (Dec	0000	16		
15. WAS DECEASED EVER								Ave. As				- Ma
(Yes, no, or unknown) Yes	(If yes, give war or dates of se	rvice)								461	-	, ,
			None	Mr	s. Th	erma C	• Rupi	pert, St	ep-D			
The second secon	TH [Enter only one co									ONS	ET AND	DEATH
PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a	Br	onchopneum	onia	a, bil	ateral					2-3 1	week
491	DUE TO											
Conditions, if or	ny, which)	Ca:	lcificatio	n of	pleu	ra due	toi	nfection	hea	5ef	Yo	970
gave rise to in	mmediate Dus TO				Paroc		, 00 1	111 00 01 01	1100	Leu	10	313
lying couse lost.	the under-	F-11	rous pleu	ria	duo.	to ron	ho+ea	22011220	io o	++0	ale c	
	(c)											LITOREY
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	IER SIGNIFICANT CON	DILIONS C	ONTRIBUTING TO DEA	IH BUIT	NOT KELATEL) IO IHE IEKM	INAL DISEAS	E CONDITION GIV	EN IN PAI	(1 1(0) 1	PERFO	RMED?
20g. ACCIDENT WA	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OC	CURRED	. (Enter notu	re of injury in	Port I or Por	t II of item 18.)	33	1,70	ALD	
	MEDICAL EXAMINER)											
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While	Nat while			RY (Home, farn ffice bldg., etc		or town)	(County)		(Stote)
	VA	of work		_								
21. I certify tha	totisgeek zeistlickt t	attend	ed the deceased t	fram <u>O</u>	ctobe	6 19	.60, .ta C	ctober	30, 196	dtx:0	achtam e	MER HON
30000 bexderens	eat na lixve xonc x x x	XXXX	xxxxxx and	that de	eath accui	red ata	M, from	the causes an	d on th	e date	stated	abave.
22a. SIGNATURE									10.55			DATE SIGNED
a	.L. mo	ma (24/	N	D. PHYS.		ED.	STAFF PHYS.			10-	31-6
22c. PHYSICIAN'S					22d. AD	DRESS		Α				
NAME (Type)	A. L. MOON	EY A	Asst.Clini	cal	Patho	logist	. V. A.	Hospital	.Per	ry I	oin	t.Md.
23a. BURIAL, CREMATIO	N. 23b. DATE THEREO		23c. NAME OF CEME					ION (City, tawn,		-	(Stote	
Burial	11-2-1				Cemet			ington	"	D	. C .	
A GUNERAL DIRECTOR			ADDRESS	note ada	O OMEO (D BY REGIST		STRAR'S SI			
HED (1.46	-	+5m	Perryvi	110	MA	DATE N		A A				
V - 7 19 C	Monde	100	-Lett. A AT	TTG.	IVIU	DATE	010		Musy	7h	ME	

anti-Note that the second of the se AND INSTRUMENTAL STATE OF THE STREET, STATE STATE OF THE , and the second of the second 138 35 3-3 MARKET LINE STREET, THE RESERVE OF THE PARTY The state of the s

FOR STATE HEALTH DEPT

TO DEP. ** MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the item al director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your-filters TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

			EPARTMENT OF		
Division of STATIS	TICAL RESEARC	H AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1	, MARYLAND
11307	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	11282

1. PLACE OF	DEATH			2.	USUAL RESIDEN	CE (Where			sidence before	edmission)
e. COUNTY	Cecil		MARYLAN	ID I	a. STATE Mary	rland	b. COU	VITY P	1.11	
	TOWN (if outside corporete limit	s, c.	LENGTH OF STAY IN		c. CITY OR TOWN		orporate limits, writ	e RURAL end	ive nearest to	wn)
	RAL and give neerest town) erry Point	T	ess than	247	rs. X Peri	overei 1 1				
	HOSPITAL OR INSTITUTION (in			-	d. STREET ADDRESS	. 7 4 1 1 1	1.0			RESIDENCE
Veters	ns Administra	tion Ho	Intina		RFI	1/-7				A FARM?
3. NAME OF	First	CTOIL HO	Middle	- 11	Last ILL I	1 4. DATI	E MonI	h	Dey Yes	- 10-1
DECEASE:		TTD	S.	MI	ORRISON	OF DEAT	TH Oato	han	06 10	60
5. SEX	6. COLOR OR RACE				ATE OF BIRTH	1	9. AGE (In yeers			R 24 HRS.
M-1		WIDOWED X					last birthday)		ys Hours	Min.
Ma.l	e White CCUPATION (Give kind of work		OF BUSINESS OR IND		0-15-93 11. BIRTHPLACE (SIAIA	or foraign	country)	12. CITIZ	EN OF WHAT	COUNTRY?
dona during m	ost of working life, even if ratired	d) (M. E.				
13. FATHER'S	akeman (retir	ed) Pe	enna. R.R.		Maryland Mother's Maiden			US.	A	
				17						
	ranville Morr		IAL SECURITY NO. 1	17 INTE	Julia Sin	mers	Addres		2-32	
	own) (If yes give war or dates of se									
Yes	WW I			Sad:	le Morriso	on, wi	ife, RFD	#1, P	erryvi	lle,Md
	I. DEATH WAS CAUSED BY:								ONSET AND	
11	IMMEDIATE CAUSE (a)_	Myocar	dial infa	rcti	on, early				1 day	У
	DUE TO									
		Arteri	osclerosi	s of	coronary	vess	els, sev	rere	Year	cs
	the underlying DUE TO								1 3	
causa lest.	(c)_				generalize				Year	rs
PART	I. OTHER SIGNIFICANT CONDIT	IONS CONTRIB	UTING TO DEATH BU	IT NOT RI	ELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PART 1		AUTOPSY ORMED?
12									YES _	NO [
	RNAL CAUSE WAS 21 or CONTRIBUTING	b. DESCRIBE H	IOW INJURY OCCUR	ED. (Enlar	nature of injury in Pa	rt I or Part II	of item 18.)			
20c. TIME Hou		1			OF INJURY (Homa, fars		City or town)	(Count	y)	(Stata)
Hou	a.m. 19	While at work	Not While at work	lactory,	streat, office bidg., etc	""				
	tify that I took charge o	f the remain:	s described above	e, held	an Autopsy x	Inspectio	on k. Inqui	ry x	and in my	opinion
death re	sulted from: Natural ca	uses tr.	Accident .	Suicide	, Homicide	П	Undetermined n	nanner 🗍		
	(1) 1/011		/		CHIEF MEDICAL	EXAMINER				
ACTUAL	1/axxxx	Loca	Allen		ACCICT ANT MED		UNER 🗀		DATE SI	GNED
SIGNAT	JRE / U		700 0		M.D. DEPUTY MEDICA				10-26	60
EXAMIN NAME (T		DSON			Address (Street,		afternal .		10-20	-80
22a. BURTAL, C			NAME OF CEMETER	Y OR CR			ATION (City, town	, or country)	(SIa	ile)
Buri	(Specify) 10-29-1	960 W	lest Nott	ing	ham	Col	ora, Md			
20. FUNERAL	DIRECTOR	10.11	ADDRESS			CD BY REGI		SISTRAR'S SIG		7
Leea	Japerson	HOM,	, Perryvi	lle	Md. DATE	CIZ8	00 0	other S. 7	Trava	
11										

And the state of t ELECTRONIC TO SERVICE THE SECOND SERVICE SERVI TO THE POST OF THE PROPERTY OF This was the same of the same TARTER AND THE STREET STREET mentering, nimeratoretest TO REAL PROPERTY OF THE PROPER DATE OF BUILDING AND A STREET WORLDWING TO BE SENTENCED IN THE STREET A PART OF THE COURT AND STATE OF THE PART OF THE PART

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4

VR A15 (4) 15M 9/59

11308

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH**

11283

1. PLACE OF DEATH			MARYLA	AND 2.	USUAL RESIDEN	CE (Who	ere deceased	d lived. If institution b. COUNTY		-	admissi	ion)
b. CITY OR TOWN RURAL ond give RISING SU		_	c. LENGTH OF STAY IN		c. CITY OR TOW		utside corpoi	rote limits, write R	RURAL ond	-	est town)
d. NAME OF HOSE OR INSTITUTION GRAYBLAI		ive street			d. STREET ADD	RESS					ON A	IDENCE FARM?
3. NAME OF DECEASED (Type or print)	RICHARD	st	Middle ELVINGTON		Last		4. DATE OF DEATH	Man	0/	Day 20) /1	Year 19 60
5. SEX M • •	6. COLOR OR RACE	7. MARR	ED DIVORCED		ATE OF BIRTH	/18	366	9. AGE (In years last birthday) 93 yrs.	Months	Days	F UNDE Hours	R 24 HRS. Min.
FARMER	TION (Give kind of wark arking life, even if retired RET)	KIND OF BUSINESS OR FARM		Va.			ountry)	12. CI1	J.S.A	VHATC	OUNTRY?
13. FATHER'S NAME UNKNO	OWEN P	ARKE	R	14	I. MOTHER'S MA	IDEN N	AME U	nknowen				
15. WAS DECEASED EV (Yes, no, or unknown)	VER IN U. S. ARMED FOR (If yes, give war ar dates of s	ervice)	9-10-8466	17. INFOR		Gri	ffin	Add Smi	ress thfi	eld	Va	
Conditions, if gove rise to couse (o), stotin lying cause los	g the under-	A	Lardio	dev	De	H	ear	en saturation) Y	<u>e</u>	5	Y S
САТІС	THER SIGNIFICANT CON		CRIBE HOW INJURY OC						EN IN PA		PERFO	NO M
	10	or 20d. If While of wor	Nat while		OF INJURY (Hon, street, office bl			or tawn)		(Caunty)		(State)
	nat (I) (this hospita ased alive an 1	1 00 7	ded the deceased f	hat deat	ATTENDING _	P /ME		the causes ar		thane date:	stated	
22c. PHYSICIAN'S NAME (Type)		10	ART	> m.b.	22d. ADDRESS	R	1 3 1	ines S	بمدك	Ma	193,	160
23a. BURIAL, CREMAT REMOVAL (Special Burial	fy)	1960	23c. NAME OF CEMET	ERY OR CR	HAM CEN	1	23d. LOCA	TION (CITY, town,	or county)		(Stot	
24 SUMERAL DIRECTO	E SHOWATURE M	hell	ADDRESS Rising	Sun		o. REC'I	D BY REGIST			IGNATURE S Kun		

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unknown

De Common	1. PLACE OF DEATH a. COUNTY Cecil 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND MARYLAND Cecil Cecil
Spould be rised with	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
X	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS d. STREET ADDRESS 458 BOW St, e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
1	3. NAME OF First Middle Lost 4. DATE Month Day Year OF DECEASED (Type or print) Jesse E. Pierson DEATH 10 4 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED April 25 1888 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HR: lost birthday) 72 yrs. Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY Cecil Country Maryland U.S.A.
	13. FATHER'S NAME Edward E. Pierson Emma Jane Green
200	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yos, no. or unknown) (If yes, give wor or doles of service) 215-32-8724 Mary M. Pierson
ond in ony event within	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Acute coronary thrombosis DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) Arteriosclerotic coronary artery disease unknous to but to (c).
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION CAUSE OF D
O	
	20c. TIME OF INJURY Month, Day, Year North, Day, Year Place Of INJURY (Home, farm, factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year While Not while at work of work of work 19 at work
iror prior to buridi, ci	21. I certify that I attended the deceased from Nov. 2, 19.59, ta Oct. 4, 19.60, that I last saw the decease alive an Oct. 3, 19.60, and that death occurred and 30pM, from the causes and an the date stated about ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) S. RAEPH ANDREWS. JR. Elkton. Mary Band
she registror	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BURIAL Specify 10/8/1960 Cherry Hill Cemetery Cherry Hill Md.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE OUT 1 1 '60 DATE OCT 1 1 '60 OUT 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

11291

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

		CENTIFIC	10511
		Districts of Heaves	1211-121-121-121-121-121-121-121-121-12
Bankrad and a Thorograph Co. 2015 Ballionar states as her association of the Co. Bathers	As and Oak Northwale	hand the again.	o Pri sebijima i tojih Yahar Lafi Sebija se anda Mendi
		4	
		1 Hard	STOCKERS TROUBLE PRINCE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11285

1. PLACE OF DEATH	Ecil		MARYLAI		USUAL RESIDENC		sed lived. If institut b. COUNTY		ore admission)
RURAL and give	(If outside carporate limits nearest town) Deposit, Ri		c. LENGTH OF STAY IN 30 Yrs	1b	At .		porate limits, write l		earest town)
d. NAME OF HOS OR INSTITUTIO	SPITAL (If nat in hospitol, g	sive street o	oddress)		d. STREET ADDRE	SS			e. IS RESIDENCE ON A FARM? YES AND
3. NAME OF DECEASED (Type or print)	Ross	st	Middle	6	Prestor	4. DATE OF DEAT	0 - 4		3 Yeor
5. SEX Male	6. COLOR OR RACE White	7. MARRI WIDOWE	D DIVORCED	_	NOV. 17	,1876	9. AGE (In years got birthday) yrs.	Months Days	Hours Min.
during most of w	ATION (Give kind of work yarking life even if retired	dane 10b. I	NIND OF BUSINESS OR I	NDUSTRY	Maryla Maryla		country)	U S	OF WHAT COUNTRY
3. FATHER'S NAME	rank	I	reston	1	4. MOTHER'S MAIN			Kuncle	R F D
15. WAS DECEASED E	(If yes, give wor or dates of s			17. INFO		H.Cre	eswell,P	ort Dep	
Conditions, it gave rise to couse (o), stoti	ng the under-		teriocal	enot	in The	And the second	Dison	01	TERVAL BETWEEN NSET AND DEATH
CATIC	OTHER SIGNIFICANT CON							VEN IN PART 1(0)	19. WAS AUTOPS' PERFORMED? YES NO
	WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	ZOB. DESC	CRIBE HOW INJURY OCC	UKKED. (I	inter noture of inju	ry in rarr i or r	orr ii oi iiem ib.)		
20c. TIME OF IN. Hour a. r	m. 10	ar 20d. IN While of work	Nat while		OF INJURY (Home , street, affice bldg		ity or town)	(Caunty	y) (State
saw the dece	that (I) (this haspita) attend	ed the deceased from 3_1960, and the		th accurred at	, 1950 , .ta 30.M, frai			
220. SIGNATURE	Odlie	10	July.	M.D		MED. DIRECTOR [STAFF PHYS.	1	22b. DATE SIGNE
22c. PHYSICIAN' NAME (Type	Neil R.	Tay:	lor		22d. ADDRESS Risin	ng Sun	, Md.		
BUTTE 1 Spec			23c. NAME OF CEMETE St. Paul		REMATORY	_	ATION (City, town, rrettsvi		(Stote) Rural
DOIA PAT	OR'S SIGNATURE	oul	ADDRESS Perryv	i11		REC'D BY REG		istrar's SIGNAT	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be you had by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director. on? 2 should be filed with remove corbon popers. Poges 1 em: within 72 hours ofter deoth. Then pleose page 3 should be detached for use as the burial-transit permit. Then pleas the State Board of Health prior to burial, cremation, or removal, and in any

VR A15 (4) 1SM 9/S9

years years to the contract of .coo .ma .moraers 8312013 MIND THE PROPERTY OF THE PARTY Aug. . To the last and the last and search and the search the search, while the search and the search with the search and the search

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: al director. Page e. COUNTY e. STATE h COUNTY Cecil MARYLAND Md. Cecil b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) jo Rising Sun Rural

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Rural Po Boar State be refain 3. NAME OF First MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any let the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the 19 forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained. DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Str Middle Last 4. DATE Month DECEASED OF (Type or print) DEATH TO Charles Rawlings 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH AGE (In years I IF UNDER 1 YEAR) lest birthdey) Months WIDOWED X DIVORCED 10e. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) File pages I Ret. Farmer Owner of Farm Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Robert Rawlings:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Sarah Maxwell 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unkown) | (If yes give wer or detes of service) Mary Rawlings. Deposit R.D.Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] PART I. DEATH WAS CAUSED BY: Acute Coronary Occlusion IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if eny, which (b) gava risa to immediate cause ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's **FUNERAL** DIRECTOR: Page 3 should be used as a its designated agent, prior to burial, cremation, or ren DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. CAL 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) fectory, street, office bldg., etc.) While Not While el work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry he death resulted from Natural causes Accident Suicide Homicide Undetermined manner ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINERAL EXAMINER'S please exe R.C.Dodson NAME (Type) Address (Street, city, town, or county) DEP 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify) 40 W. Nottingham Colora, Burial 10-7-60 Md 245. REGISTRAR'S SIGNATURE 24e. REC'D BY REGISTRAR FUNERAL DIRECTOR VS. AISME alley S. Kraus DATE OCT 160 5M 7/59

e. IS RESIDENCE ON A FARM?

YES NO

1960

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (State)

and in my opinion

DATE SIGNED

(Stete)

Yeer

Dev

Devs

U-S-A-

(County)

The state of the s fio u I sou Minime Sun Regal 13 yrs. The Intel on Sun annual 1 Charles that the x 7-2-1 66 in rord * * * * U Lie the man at all and the case of the case o considered solution 25 1 -- 1 ALEST TO STUDY THE RESIDENCE OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 292 CERTIFICATE OF DEATH Rec

11292 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lifed. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside cosporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If Jutside corporate limits, write RURA), and give nearest town) RURAL and give nearest town d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION civare YES NO M NAME OF Middle DATE Manth Day Year DECEASED OF DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH 9. AGE (In years last birthdoy) Manths Doys FEMALE WIDOWED | DIVORCED | NE yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) OUSE 13. FATHER'S NAME INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 min IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I ar Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f, (City or town) Day, Year (Caunty) (Stote) factory, street, affice bldg., etc.) Hour a. m. While Not while of work ot wark D. III 21. I certify that I attended the deceased fram 19_62(that I last saw the deceased and that death accurred at 13 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, sate) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S OBENSHAIN NAME (Type) ACE 22b. DATE THEREOF 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 60

24a REC'D BY REGISTRAR

1 3 '60

246 REGISTRAR'S SIGNATURE

arthur S. Kraus

ADDRESS

with director filed funeral P the and filled camplet papers. oug carban ŏ after g physician remave cark attending p 72 please within by gned burial-transit peen remayal, has ed by the DIRECTOR: pe shaufd registrar FUNERAL 3 page 0 VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11288 11293 CERTIFICATE OF DEATH Reg. Dist. No be filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Mary 1 and Ceci1 funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) davs North East d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? OR INSTITUTION Union Hospital YES NO 7 NAME OF First Middle Last 4. DATE Month Day Year Filled (Type or print) Tames Rhudy DEATH 1.0 28 1900 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days White Male WIDOWED | DIVORCED | December 27,1890 69 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Farmer-Mail Garrier Retired Virginia USA carbon ofter 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Martha E. Andis George W.Rhudy 17. INFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 213-05-598 72 no Mrs James C.Rhudy North East. Marvland 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Cardiac Failure 18 months Carcinoma of Colon DUE TO þ Conditions, if ony, which Metastasis to Liver (b) gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TY 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. Dov. Year 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. of work of work 21. I certify that I attended the deceased from Jan 9,195919 , to Oct 27 19.60 and that death occurred at 3.55. M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL prior shauld PHYSICIAN'S he registrar NAME (Type) North East Maryland Arthur Contwell m 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) poge REMOVAL (Specify) Methodic 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR Heraut North Bast, Maryland Orlling S. Frank

after death. Page

within 24

death certificate

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				The state of the state of
ede tours aux est no arc area (ill exit Mill Africa) aux Per			17.	Jeb- mari
	The state of the s			
		The Harrier of		

FOR STATE

TO DEPT TEXALINER: This certificate should be executed within 24 hours after death. If any order is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the K. al director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4 11297 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY			CE (Whare daceesad lived, If		ca befora edmission)
Cecil	MARYLAND	e. STATE	b. COUI	0.00	
	H OF STAY IN 16	c. CITY OR TOWN (f outsida corporete limits, writ	CII	neerest town)
Port Deposit		Port De	posit		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give st	reet address)	d. STREET ADDRESS			e. IS RESIDENCE
117 D Preston Drive		117 D Pr	eston Drive		YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Mont	h Dey	Yeer
(Type or print) Geraldine Till:	ian Ri	efer	DEATH 7	28	19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER		DATE OF BIRTH	19. AGE (In yaers	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female White WIDOWED	DIVORCED 8	17/36	last birthday) 24 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if ratirad)	INESS OR INDUSTR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN C	F WHAT COUNTRY?
Housewife		New York		U.S	Λ
13. FATHER'S NAME	I	14. MOTHER'S MAIDEN		1 0.5	· A
	DISTRICT OF STREET	77	-		Marie .
Gerald William Kuder 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC	TIDITY NO 1 47	Vera M.			
(Yes, no, or unkown) (If yas give wer or dates of service)			Addres	cocheste	r, Ny.
No 119-28 18. CAUSE OF DEATH [Enter only one cause per line for (a), (-7015 Mr	s. Vera Ku	der. 142 Ot	is St.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]			IN1	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pistol S	shot in	head with	laceration	of	SET AND DEATH
DUE TO brain ste					
Conditions, if eny, which \ (b) both li		14001401	OI TIVOI O	110	
gave risa to immadiete ceusa	AIIE D .				
(a), stating the underlying DUE TO					
cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	VEN IN PART 1(e)	PERFORMED?
CAI					YES INO
PRIMARY TO or CONTRIBUTING	1.00	ntar natura of injury In Par		1	
I Waa alluli L		CE OF INJURY (Homa, farm	beat with	(County)	(State)
		ory, street, office bldg., etc.)		
3:18 of a.m. 10/28 19 60 While at work at work	rk [A] Hon	10	Port Depos	it, R.D	. Md.
21. I certify that I took charge of the remains described	ribed above, he	d an Autopsy x	Inspection, Inqui	ry 😾, and	in my opinion
death resulted from: Natural causes , Accide	ent, Suici	de, Homicide	X. Undetermined n	nanner 🔲	
1) 10 10 m of	2 00	CHIEF MEDICAL I	XAMINER		
ACTUAL SIGNATURE ACCOUNT	lou	M.D. ASSISTANT MED	ICAL EXAMINER		ATE SIGNED
EXAMINER'S		DEPUTY MEDICAL	EXAMINER T	10/3	1/60
NAME (Type) Dr. R.C. Dodson		Addrass (Street,	city, town, or county) $ ext{Ris}$	ing Sun	, Md.
PEMOVAL (Spacify)	OF CEMETERY OR		22d. LOCATION (City, town		(State)
Burial Nov. 4,1960 Holy	Supulch	er Cemeter	y, Rocheste	er, New	York
23. FUNERADDIRECTOR	55	60 / 24a. REC	'D 8Y REGISTRAR 24b. REC	GISTRAR'S SIGNATI	URE
Kuph 6 Hicks 6	lkton.	Md. DNOY	17:60 and	wy S. Frank	
	1				

TUSET STATE TO WASRIED DESIMALS ALSO IN

VR A1S (4) 15M 9/S9

11311

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	1	2	2	a	
		4	-	7	-

1. PLACE OF DEATH o. COUNTY	Cecil		MARYLAND	2. USUAL RESIDENCE (WHO		ived. If institution b. COUNTY	Ceci		sion)
b. CITY OR TOWN (If RURAL and give ne	outside corporote limi	ts, write c	Life	c. CITY OR TOWN (IF o		te limits, write RU Rura	-	nearest tow	n)
	AL (If not in hospitol, g St. Marks		dress)	d. STREET ADDRESS St. Ma	rks Ro	i .		ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Lesli		Middle Bruce	Roberts	4. DATE OF DEATH	Oct.		Day	Year 19 60
s. sex Male	6. COLOR OR RACE White	7. MARRIED		Nov.8, 188		AGE (In years last birthdoy) 79 yrs.	Manths Doy		ER 24 HRS. Min.
10a. USUAL OCCUPATIO during mast af work Store	ing life, even if retired	1	S.V. Adm	Marylan	_	ntry)	12. CITIZEN	OF WHAT	COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN N					
John :	B. Robert	S		Hannah	M. I	Brown			
1S. WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dates of s			FORMANT Elma W.Rob	erts,	Addr Perryvi		i	
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	K	for (o), (b), and (c).]	na of 7	Piir	v	li o	NSET AN	ETWEEN DEATH
136"	DUE TO			0	-			1	
Conditions, if ar)			- 3	1			
couse (a), stating (
Z Page II OTH) (c		NITRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NIAL DICEACE	CONDITION CIV	ENLINI PART 1/a	110 WAS	ALITOPSY
CATIC	ercivo	na +	of Sign	nord -			EIA IIA LAKI 1/0	PERFO	DRMED!
	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	IBE HOW INJURY OCCURRE	D. (Enter nature af injury in l	Port I or Port I	I of item 18.)			
YOUR HOUR a. m.	Manth, Doy, Ye	While of wark [Nat while fa	ACE OF INJURY IHome, farm ctory, street, affice bldg., etc.		r town)	(Coun	ty)	(Stote
21. I certify tha	()) Attended	d the deceased fram	eath accurred at	M from th	re causes an		that (1)	
220. SIGNATURE	Lovere	9	Brnson	ATTENDING ME		STAFF PHYS.	<u> </u>	10%	S DATE
22c. PHYSICIAN'S NAME (Type)	Clerance	I.Be	enson	22d. ADDRESS Port	Deposi	Lt,Md.			- Lange
23a. BURIAL, CREMATIO EMOVAS (Specify)	23b. DATE THEREC		23c. NAME OF CEMETERY ON NEW London	R CREMATORY Presbyteria	4 - 11 - 12 - 12 - 12 - 12 - 12 - 12 - 1	London		(Sto	ite)
2. FUNERAL DIRECTOR	ELLOW Q	Sou	ADDRESS Perryvi		D BY REGISTRA		Chur S. Kr		

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ual a la			
The state of the s			drabby .i. ston
La de la companya de	do and	1871-18-61	
	×	Same of the	California de California
er per un automatical de la constante de la co			A CONTRACTOR OF THE STATE OF TH
	,		

FOR STATE TO DEPY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any May is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fact ald director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11290

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission)
a. COUNTY Cecil	- STATE - COUNTY
MARYLAN	Maryl and Anne Arundel
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Perry Point 30 days	Annapolis Oll O
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
Veterans Administration Hospital	400 Jefferson ON A FARM?
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED	OF
JUHN FRANKLIN	SPITIN OCCUDED 20 19 00
7. MAKNED LINEYER MAKRIED	
Male White WIDOWED DIVORCED	November 14,1938 21 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Carpenter's Helper Unknown	Annapolis, Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
STANLEY D. SMITH	MARY AGNES ISAAC
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (Ifyasgivewarordatasofservice)	17. INFORMANT 400 Jefferson St.
Yes PTE 215 34 5925	Stanley D.Smith, Sr., Annapolis, Md. (Father)
1 B. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Decapitation of	f head ONSET AND DEATH None
IMMEDIATE CAUSE (a)	10110
DUE TO	
Conditions if any, which (b)	
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
EV.	YES X NO
	ED. (Enter nature of injury In Part I or Part II of itam 18.)
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e	. PLACE OF INJURY (Homa, farm, † 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e Hour a.m. While Not While at work at work	factory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above	
death resulted from Natural causes, Accident,	Suicide X, Homicide , Undetermined manner
11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	CHIEF MEDICAL EXAMINER
SIGNATURE OF CONCOUNT	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	DEPUTY MEDICAL EXAMINER 4
EXAMINER'S NAME (Type) R. C. DODSON, M.D.	Address (Street, city, town, or county)
22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	
Removal //-/-/960 Hillcrest 0	Senetery Annapolis, Maryland
23. CUNISTANDIREGADE AND CONTRACTOR APPRISAPOLIS	
JOHN TAYLOR FUNERAL HOME, Maryland	29
John TATBOR PONERRE HOFE, Hary Land	DATE NOV 1 60 Chilum 2. Marie

A THE PARTY OF THE PROPERTY OF THE PARTY OF The same of the sa The state of the s Add attended eroe. Told in tegodomic out both to medual baggin or to THE REPORT OF THE PARTY OF THE Control of the second A STATE OF THE PARTY OF THE PAR A STATE OF THE CANADA STATE OF THE STATE OF

11313

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CER	TIF	IC.	ATE	OF DE	ATH

11291

1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (W	here deceased	l lived. If institution	on: Residence	e before adm	ission)
3. 333	Cecil		MARYLA	ND	Mary	land	b. coolii 1			To the same of the
b. CITY OR TOWN (I RURAL and give no	f outside corporate limit	s, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If	outside corpo	rate limits, write R	URAL ond gi	ive nearest to	wn)
	Point	- 115	ll days		Balti	imore	3	VO	1-1	1
	AL (If not in hospitol, g	ve street o	ddress)		d. STREET ADDRESS					ESIDENCE
Veterans	Administra	tion	Hospital		806 S. I	Ellwoo	d Avenue		YES	A FARM?
. NAME OF	Fire	t	Middle		Last	4. DATE	Mon	th	Day	Year
(Type or print)	FR	ANK	J.S	OBU	S (LOBUS)	OF DEATH	Octo	ber	24	19 60
S. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	X 8	DATE OF BIRTH		9. AGE (In years last birthday)	1	YEAR IF UN	7
Male	White	WIDOWE	DIVORCED		1-25-99		61 yrs.	Months	Days Hour	s Min.
On USUAL OCCUPATION	N (Give kind of work of	ane 10b. K	IND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote	e or foreign c	ountry)	12. CITIZ	EN OF WHA	COUNTRY?
Labor	ing life, even if retired)		Janitor		Marylan	d			USA	
3. FATHER'S NAME	CE		O ELLI COL		14. MOTHER'S MAIDEN				0 011	
	John Le	bus			Mary Rus	in				
S. WAS DECEASED EVE			OCIAL SECURITY NO.	17. INF	ORMANT		Add	restRol+	imore	Md.
Yes, no. or unknown)	(If yes, give war or dates of se	rvice)	2-16-9680	To	seph Lobus,	hmo+1				
				100	seph Lobus,	DIOU	ier, 155	2 Vak	INTERVAL	
	TH [Enter only one co	use per line	e for (0), (b), and (c).						ONSET AN	ND DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Can	rdiac tampo	onad	le				8-12	hrs.
430	DUE TO									
Conditions, if a	ny, which) (b)	Ruz	ture of he	eart	due to inf	farcti	on		unkn	own
gave rise to i	mmediote (Death of		
lying cause lost.	the <u>under-</u>	Art	eriosclero	tic	heart dise	ase			unkn	own
	IER SIGNIFICANT CON				NOT RELATED TO THE TERM		E CONDITION GIV	EN IN PART	1(o) 19. WA	S AUTOPSY
PART II. OTH 20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m. p. m.									PER	FORMED?
20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCC	URRED	(Enter noture of injury in	Part I or Par	t II af item 18.)			
(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
20c. TIME OF INJUR	Y Manth, Day, Yes				CE OF INJURY (Hame, fare		or town)	(C	aunty)	(State)
Hour o.m.	V. A. 19	While at wark	Not while	idei	ory, sireer, diffice blug., er	()				
		r assemble	-1 the deserved for	0	ctober 13 19	60	October	2406	TXXXX	CXXXXXX
									, ,	
The second secon	adxoviniekonx x x x	XXXX	XXXXXX, and th	hat de	eath occurred of: 4	+ Mailtrom	the causes or	nd on the		22b.DATE
220. SIGNATURE	1.	22	. 0		ATTENDING A	AED.	STAFF PHYS.			SIGNED
22c. PHYSICIAN'S	1 11	200-	my.	14	22d. ADDRESS	JIKECIOK L	гпіз. Цзг		10	-25-60
NAME (Type)	A. L. MOO	NEY,	Asst. Clin	nica		ist, V	.A. Hospi	tal,P	erry	Point
23a. BURIAL, CREMATIO	N, 23b. DATE THEREC	F'	23c. NAME OF CEMET	ERY OR	CREMATORY	23d. LOCA	TION (City, town,	or caunty)	(S	tate)
Burial (Specify)	10/28/6	0	Holy Ros	ary	Cemetery	Bal	timore	Co. M	id.	
FUNERAL DIRECTOR	SIGNATURE &	ons ?	ADDRESS			D BY REGIS		STRAR'S SIG	NATURE	MILE
John M. W	401 8.	hest	ter St.		DATE	CT 27'6	io a	Thun 8.	Kraug	

should be filled with the funeral directar,

after death. Page 4

TO HOSPITALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be referred by the hospital ar oftending physician.

TO FUNERAL CHECTOR: After this certificate has been signed by the attending physician and campletely filled it poge 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and X the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/S9

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	Superal superior of action		
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		g most have going	er hand find it
	mient gere h		
	eller (omil) of the , the	of yet bolished	
Cartholise State of Col			
			A LINGER . LANCE

TO HOSPITALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be really the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board at Health priar to burial, cremotian, or removol, and in any eventaminin 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

11000

25b. REGISTRAR'S SIGNATURE

alley S. Kraus

2Sa. REC'D BY REGISTRAR

AMAY COUNTY Cecil COUNTY OR TOWN (If outside corporote limits, write RURAL excluse percent or The Excense of County of		TE OF DEATH			1.	1232	
1. PLACE OF DEATH a. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Who		ived. If institution b. COUNTY	Ceci		1)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give protect town) e	Life	c. CITY OR TOWN (If our Perryvil)		e limits, write RI	URAL ond give n	earest town)	Ì
d. NAME OF HOSPITAL (If not in hospital, give street oddre OR INSTITUTION Susquehanna Ave		d. STREET ADDRESS Susque	ehanna	a Ave.		e. IS RESIDI	ARM?
DECEACED		Thomas	4. DATE OF DEATH	Oct.		Day Yes	or 60
10 - 7 - 1171- 2 A -		B. DATE OF BIRTH Aug. 20, 188		AGE (In years lost burthday) yrs.	Months Days		24 HI Min
during most observation life over if entired		Maryla	_	ntry)	12.CITIZEN	S A	UNTR
John I. Thomas		14. MOTHER'S MAIDEN NA	AME Ritch:	ie		777	
Man an an unban at the state of		ohn C. Thoma	as, Pe	Add Prryvi]			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (o), stoting the under.	ronic	hyoos	dit	5 -	01	ITERVAL BETV	VEEN
PART II. OTHER SIGNIFICANT CONDITIONS CONTINUED TO THE SIGNIFICANT CONDITIONS CONTINUED TO THE SIGNIFICANT CONTRIBUTIONS CONTRI	electors	NOT RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1(0)	PERFORM	NO (
	E HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port I	l of item 1B.)			
Hour a.m. While	Not while fac	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.)	20f. (City o	n town)	(Caunt	у)	(Sta
		June 10, 194	OP, to M, fram th		6, 1960, and on the da		
Clarence Is	Imson		D. RECTOR [STAFF PHYS.	A RE	10/1	DATE SIGN
NIAME (Time)	nson, M D	Port De	posit	Md.			76
230. BURIAN CREMATION, 23b. DATE THEREOF 23 BENEVIAN (Specify) 10-19-1960	ASbury	R CREMATORY	_	Deposi		(Stote) Rural	

tSon Perryville, Md

24. SUNERAL DIRECTOR SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1 tem 1 FilmG273 10-14-60 et
CERTIFICATE OF DEATH

11294

Reg. Dist. No. 293

o. COUNTY Cecil	MARYLAND	o. STATE Maryland	there deceased live	b. COUNTY	n: Residence be	efore admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Elkton	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporate	limits, write RU	RAL ond give r	nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION At home - 401 Marylai	oddress)	d. STREET ADDRESS	yland Av	venue	1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Frederick	Middle Charles	Losi Tretheway	4. DATE OF	Monte		Day Yeor
5. SEX 6. COLOR OR RACE 7. MARI	RIED T NEVER MARRIED	8. DATE OF BIRTH	9. A	GE (In years		AR IF UNDER 24 HR
Male White WIDOW	ED DIVORCED	March 2. 1	1890	70 yrs.	Manths Doy:	s Hours Min.
10o. USUAL OCCUPATION (Give kind af work dane 10b. during most af working life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State	e ar fareign cauntr	γ)	12. CITIZEN	OF WHAT COUNT
Stainless Steele Fabr:	icator	Pennsyl	Lvania		U.S	.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
J.B. Tretheway		Sarah G	Freenley	У		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addre	ess /	
No	M	rs. Elmer F	Frey. Ji	r., El	kton.	Md.
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditians, if eny, which gove rise to immediate code (a), stating the under- lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	rcinomatosis	NOT RELATED TO THE TERM	MINAL DISEASE CO		mina	19. WAS AUTOPS PERFORMED? YES NO [2]
	CRIBE HOW INJURY OCCURRE					
Hour o.m. 19 While of war	k at work	ACE OF INJURY (Home, farr actory, street, affice bldg., etc	c.)		(Count	
21. I certify that I attended the decease alive on	de from flee !	occurred at 3 A		e causes ar	nd an the d	
PHYSICIAN'S TILLIAM D	chuson	EIK	tan.	ML		
226. BURIAL, CREMATION, REMOVAL (Specify) Burial 10/5/60	Memorial S		tery. P	(City, town, or	county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	Eleton	ML DATECT	D BY REGISTRAR		RAR'S SIGNAT	

b.

CERTIFICATE OF DEATH The state of the s Service Sent and all pulling or comment and the Comment of the binary of

FOR STATE TO DEPUT. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any say is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full ald irrector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial water permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and it any event within 72 hours after death. ay is necessary, al director. Page

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Dissipit of Statistical Research and Records, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11230 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11904

Popular I	-										
A		PLACE OF DEATH	2. USUAL RESI	DENCE (Where deceased lived, If b. COU	institution: Rasidenca before edmission)						
41	1	Cecil MARYLAND		Gecil							
/		c. LENGTH OF STAY IN 1		WN (If outside corporate limits, wri							
		write RURAL and giva nearest town)	V								
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street eddress) d. STREET ADDRESS									
	(I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital gife street eddress)	d. STREET ADD	RESS	e. 15 RESIDENCE ON A FARM?						
		Union Hospital			YES NO						
		NAME OF First Middle DECEASED 1.12 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Last	4. DATE Mont							
		(Type or print) Willard Ulsha	efer	DEATH 10-	Ui →60 19						
	5.	SEX 6. COLOR OR RACE 7. MARKED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.						
H		Mr. Ter	9-16-1900	last birthday) yrs.	Months Deys Hours Min.						
		USUAL OCCUPATION (Give kind of work and during most of working life, even if refired)	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?						
		owder Mixer Ordinance	Sugar Lo	af Pa.	U.S.A.						
	13.	FATHER'S NAME	14. MOTHER'S MA								
		William Ulshafer	Gertr ude	Englehart							
		WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	. INFORMANT	Addres	\$\$						
	(Yes	i, no, or unkown) (Ifyasgivewerordetesofservice)	. William U	lshafer, Charles	town. Md.						
	1	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)]			I INTERVAL BETWEEN						
1		PART I. DEATH WAS CAUSED BY: 90% Body burned 2n	d and Third	Degree	ONSET AND DEATH						
		QIT 3 DUE TO									
1		Conditions, if any, which (b)									
/		gava rise to immedieta cause									
		(a), stating the underlying DUE TO									
		cause last. (c)									
н	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE CONDITION GI							
	Ĕ				PERFORMED?						
	F	2DB. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED	(Folar pature of injury	In Part I or Part II of item 18)	TES TOTAL						
	CERTIFICATION	PRIMARY G or CONTRIBUTING CAUSE OF DEATH.	, (cinal hardra or injury i	in ten to ten il of hein to./							
1	_	CAUSE OF DEATH. Mixing powder and was	burned								
	3	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED & 20c. P	LACE OF INJURY (Homa		(County) (Stata)						
	MEDICAL		actory, street, office bldg inance Plan		Csecil Md.						
1		21. I certify that I took charge of the remains described above,	held an Autopsy	, Inspection , Inqui	iry , and in my opinion						
		death resulted from Natural causes . Accident . Su			manner						
		(11) 0 , 05 , 21 2 10	CHIEF MEDI	CAL EXAMINER							
		ACTUAL SIGNATURE OUT OUT OUT	ASSISTANT	MEDICAL EXAMINER	DATE SIGNED						
		EXAMINER'S	DEPUTY ME	DICAL EXAMINER	10-1/1-60						
×		NAME (Type) R.C. Dodson		reat, city, town, or county)							
	22a.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Spacify)	OR CREMATORY	22d. LOCATION (City, tow	n, or country) (Stata)						
1		40 40 4040	Methodist	Charlestown	. Cecil. Maryland						
	23.	FUNERAL DIRECTOR R ADDRESS		REC'D BY REGISTRAR 24b. REG	GISTRAR'S SIGNATURE						
1		Joseph R. Grant North Fast Mary and	DAT	OCT 1 7 '60	Circhan S. Kraus						
((Joseph M. Grant North East, Maryland									

CONSTRUCTION OF THE OWNERS ASSESSED MODIFIED WHEN PROPERTY OF THE PROPERTY OF WALL TO THE re s S . I loc to me complete to the col the Market and Share to of select control of the later, therefore born, the the state of the s In 17 12 of x of the child was a first of the child X III -----1.0 0.0

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PLACE OF DEATH

Cecil

b. CITY OR TOWN RURAL and give a

d. NAME OF HOSPI OR INSTITUTION

Station Ho NAME OF DECEASED

(Type or print)

10a. USUAL OCCUPATI during most of wo

Female

5. SEX

	ND STATE DEPART	MENT OF HEALT	H-BALTI		
11315	CERTIFIC	CATE OF DEAT	Н	Reg	1. 1.295
	MARYLAN	A STATE	76020000	ived. If institution: Re b. COUNTY	esidence before odmission)
If outside corporate limits, we earest town)				e limits, write RURAL	ond give nearest town)
dge TAL (If not in hospital, give :	6 hrs. 23 mi	d. STREET ADDRESS	eposit		e. IS RESIDENCE ON A FARM?
spital, USNTO		Ill-B Presto	on Drive	, Manor He	eights YES NO IX
First Marv	Middle Lou	Last	4. DATE OF DEATH	Month	Day Year
6. COLOR OR RACE 7.	MARRIED NEVER MARRIED		9.	AGE (In years lif UI lost birthday) Mor	3 1960 NDER 1 YEAR IF UNDER 24 HRS. 11ths Days Hours Min.
Caucasian WI	DOWED DIVORCED DIVORD	OCCOUNT), I	e ar foreign cour	yrs.	2. CITIZEN OF WHAT COUNTRY
king life, even if retired)	sino instituine sine	Maryland			U. S. A.
		14. MOTHER'S MAIDEN	NAME		
ennett Vincer	nt	Tokiko (Oma Omae		
R IN U. S. ARMED FORCES (If yes, give wor or dates of service		7. INFORMANT Hospital Re	ecords	Address	
ATH [Enter only one couse	per line for (o), (b), and (c).]				INTERVAL BETWEEN
ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	RESPIRATORY FA	AILURE			6 hrs 23 m
DUE TO	PREMATURITY	HBKKK			
the under-	PREMATURE LABO	R. RUPTURED MA	ARGINAL	SINUS	

13. FATHER'S NAME Wesley E 15. WAS DECEASED EVI (Yes. no. or unknown) 18. CAUSE OF DE PART I. DE in. Conditions, if gave rise to cottse (o), stating lying cause last. CERTIFICATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) PERFORMED? YES NO DE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month. Day, 20e. PLACE OF INJURY (Home, form, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Hour o. m. Nat while 19 of work at work p. m. 21. I certify that I attended the deceased from October 1960 that I last saw the deceased and that death occurred at 12:45PM, from the causes and an the date stated above. October alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Station Hospital USNTC PHYSICIAN'S LT USNR StationHospital. USNTC. HORN. Bainbridge. NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) West Nottingham Cemetery Maryland Colora

ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE PERRYVILLE, MARYLAND SON arthur & Kraus.

DATE OCT 5

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1 2 (40) 1 Land and 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CIRTIES CERTIFICA
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		11296	100	CERTI	FICA	TE OF D	EATH			Reg. Di	st. No.	112	296
1.	PLACE OF DEATH O. COUNTY Cecil			MARY	AND	o. STATE	ence (who		b. COUNTY	nı Resider	nce befor	e admis	sion)
	b. CITY OR TOWN (If		ts, write	c. LENGTH OF STAY	N 16	c. CITY OR TO	OWN (If ou	itside corpo	rote limits, write Rt		give nea	rest tow	n)
	North	East		454 yrs		X Nor	th Ea	st					
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street (address)		d. STREET AD	DRESS					ON A	SIDENCE A FARM? NO
3.	NAME OF DECEASED (Type or print)	Fir F10		Middle	Whi	lost		4. DATE OF DEATH	Mont 1.0		Do:		Yeor 19 60
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	-	B. DATE OF BIRTH			9. AGE (In years	IF UNDER			ER 24 HRS.
	Ma1e	white	WIDOWE	DIVORCE		9-30-18	73	Date of	lost birthday) 87 yrs.	Months	Days	Hours	Min.
	o. USUAL OCCUPATIO during most of working Penna R.R.	ing life, even if retired		KIND OF BUSINESS OF $R_{ullet}R_{ullet}$	RINDUS		CE (Stote o		ountry)		TIZEN O	F WHAT	T COUNTRY?
13	FATHER'S NAME	John White				14. MOTHER'S		AME Rache	1 Janney				
15	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT	1		Addr	ess			
	no ,	,,,,,		17-07-5747		Mrs Floyd	H IAT	hite	North E	ast.	Mar	v1 _a r	ıd
)	Conditions, if on gove rise to in couse (a), storing t lying couse lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO IV. which (b) Inmediate he under- (c)	, (ne for (o), (b), and (c). Arteriescler Beauralize	d,	Arterios					ONS	2 y	-S .
CERTIFICATION	PART II. OTH	EK SIGNIFICANI CON	DITIONS C	ONTRIBUTING TO DEA	KIH BUI		IHE IEKMIN	NAL DISEAS	E CONDITION GIV	EN IN PAR	(1 (0)	PERFC YES _	DRMED?
CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	CCURRED), (Enter noture of	injury in Po	ort I or Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes → 19	20d. It While of work	Not while	20e. PLA fact	CE OF INJURY (H tory, street, office	ome, farm, bldg., etc.)	20f. (City	or tawn)	(County)		(State)
	21. I certify the alive an 5 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	flaus H	decease , 19 G		A	. 19.5 9 accurred at			the causes a treet, city or town,	nd an t		te stat	deceased ed above ATE SIGNED
22	o. BURIAL, CREMATION REMOVAL (Specify) BUT121	10-16-19		22c. NAME OF CEME Methodi	-	RCREMATORY			TION (City, town, o		1, N	(Sto	
23	FUNERAL DIRECTOR'S	SIGNATURE	dh D	ADDRESS	an el			BY REGIST		TRAR'S SI			918111

DATE OCT 1 7 '60

may be a fined by the haspital ar attending physician.

2 FUNER, DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. TO HOSPITA TO FUNERA VS A1S (4) 1SM 9/55

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

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			Porter magners	
		Academic Aca		

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence e. COUNTY director. Page health, e. STATE b. COUNTY s necessary, files. Cecil Md. Cecil MARYLAND b. CITY OR TOWN (if oulside corporale limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If oulside corporele limits, write RURAL and give nearest town) write RURAL and give neerest town) All life Elkton, R.D.2. RD 2 NSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE 6 Bo ON A FARM? retained State YES NO death. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any be the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained. DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Stand agent, prior to burial, cremation, or removal, and in any event within 72 hours after deat NAME OF Einet Middle Lasl 4. DATE Month Dev Yeer DECEASED OF (Type or print) DEATH 19 60 Ann Wood 30 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Deys Hours WIDOWED -DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Home U.S.A. Md. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James S Nowland Jane McCoy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) | (If yes give wer or deles of service) Rober Nowland, North East, Md. none 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Coronary Occlusion IMMEDIATE CAUSE (e) DUE TO General Arterio sclerosis Conditions, if eny, which geve rise lo immediale ceuse please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's O FUNERAL DIRECTOR: Page 3 should be used as a DUE TO (a), sleting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) CERTIFICATION PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18,) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While MEDI et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 10-30-60 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPU R.C.Dodson Address (Street, city, town, or county) 22e, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) Its REMOVAL (Specify) Md. Hill Meth. Cherry Cem Cherry Hill. Burial 0 ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Elkton VS. A15ME arthur & Formera Data Roll 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Liet. AND TEN MENT OF THE PERSON OF N N P e. E elevision 3. 1-2-5 Tolo on the state of the state out to be a little and the little of the lit וטולה משפותי וטפותיות ros of a s · 拉工艺术,是《形式工艺 STATE OF THE PART OF THE PART